



MENTAL HEALTH PROFESSIONAL
MEMBERSHIP RENEWAL FORM

MENTAL HEALTH PROFESSIONAL MEMBERSHIP RENEWAL (ANNUAL) Renewal Date: _____

Membership fees include one page professional listing in the Referrals section of our Web site at www.pituitary.org, professional listing link posted in two consecutive "Highlights" e-newsletters, as well as an individual listing in the referrals section of the Pituitary Patient Resource Guide.

SELECT YOUR LISTING CATEGORY

- Marriage/Family Therapy (**\$150**)
- Other (Please ask for your specific field to be presented on the pituitary.org website listings.
Contact: pxa@pituitary.org or phone: (805) 499 9973 for information and membership pricing.

MEMBERSHIP PAYMENT INFORMATION

Payment Information: Invoice Required

Visa / MC / Amex / Discover Check Enclosed

Cardholder: _____ Zip Code _____

Card #: _____

Expiration: _____ 3 Digit Verification _____

Signature: _____

Our website at www.pituitary.org features an Ask the Experts section where pituitary patients can post disorder related questions. While it is made clear that this forum is in no way a substitution for consultation with their mental health professional(s), our Ask The Experts is a valuable resource for patients seeking added information from those more familiar with their condition. We are always interested in adding qualified professionals to our list of those willing to help answer some of these questions. Please let us know if you would like to participate.

Yes, I would like to participate in the Ask The Experts online program. Email: see UPDATED LISTING INFORMATION

UPDATED LISTING INFORMATION

Your name as it should appear in your listing: _____

Clinic/Group: _____

Type of Practice: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip/Post Code: _____

Country: _____ Phone: _____ Fax: _____

E-mail: _____

UPDATED INTERNET REFERRAL INFO (Please send us your photo with this form for inclusion in your listing.)

Title: _____

Education: _____

Professional Certifications: _____

Awards/Honors: _____

Professional Associations: _____