



CALIFORNIA COMMUNITY COLLEGE
MENTAL HEALTH & WELLNESS ASSOCIATION

Membership Application: Academic Year July 2023-June 2024

Membership DUE by 11/1/2023

Membership Descriptions

Regular Membership (Voting)	\$75.00
Each regular member is a voting member. Dues as set by Article V. Open to licensed mental health professionals employed by a California Community College whose primary job duties are the provision of student mental health services in a CCC.	
Institutional Membership (includes up to 3 regular members at a \$25 discount)	\$200.00
Associate Membership (Voting)	\$25.00
Health Professional Consultant (One member only, one vote). Dues set by Article V. A licensed health professional working in a California Community College campus student health center with primary responsibility for student health services. Must be a current member of the Health Services Association of California Community Colleges (HSACCC).	
Associate Membership (Non-Voting)	\$25.00
Open to associate members as defined in CCCMHWA Bylaws, Article IV. Dues as set by Article V. Once the institution is represented, any additional community college mental health advocate, mental healthcare professional working in the mental health services setting, as well as community advocates for college mental health services, may join the organization as an associate member.	
Trainees/Student Interns	No Dues
Emeritus (Non-Voting)	No Dues
Granted by the organization upon individual's retirement.	
Honorary (Non-Voting) (Appointed by Executive Committee)	No Dues
For distinguished contributions to MHWA's aims.	

New College Renewing

Name of College:	Name of District:
Address:	City & ZIP Code:

Note: MHWA communications will be sent to your work email address, unless you indicate otherwise.

Regular Membership: Licensed Mental Health Provider - \$75

Name:	Degree/License:
Job Title:	Department/Area:
Work Email:	Work Phone:

Additional Regular Membership: Licensed Mental Health Provider - \$75

Name:	Degree/License:
Job Title:	Department/Area:
Work Email:	Work Phone:

Institutional Membership: Third Additional Licensed Mental Health Provider - \$50

Name:	Degree/License:
Job Title:	Department/Area:
Work Email:	Work Phone:

Voting Associate Health Professional \$25 Non-Voting: Associate \$25 Trainee Emeritus Honorary

Name:	Degree/License:
Job Title:	Department/Area:
Work Email:	Work Phone:

Non-Voting: Associate \$25 Trainee Emeritus Honorary

Name:	Degree/License:
Job Title:	Department/Area:
Work Email:	Work Phone:

Make check payable to CCC-MHWA (no purchase orders). DO NOT put any other name/college on the check!

Mail your check and the completed application to: c/o Alison Johnson, PsyD Pasadena City College Personal Counseling 1570 E. Colorado Blvd, D-203 Pasadena, CA 91106	CCCMHWA TIN: 26-2552989 Questions regarding membership? Contact Dr. Johnson at ajohnson77@pasadena.edu
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