



West Virginia Infant/Toddler  
Mental Health Association  
*Supporting the social and emotional well-being of children*

## West Virginia Infant/Toddler Mental Health Association Membership Form

Please print clearly and complete the following:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Degree(s), licensure(s), endorsements: \_\_\_\_\_

Areas of Interest:      \_\_\_\_\_ Advisory Board      \_\_\_\_\_ Membership/Outreach  
                                 \_\_\_\_\_ Policy Committee      \_\_\_\_\_ Training Committee

**Membership Dues:** *Membership year runs from Jan. 1 – Dec. 31. Dues are renewable annually in January. Please make check payable to: TEAM for West Virginia Children*

<input type="checkbox"/> Professional - \$25	<input type="checkbox"/> Student - \$15	<input type="checkbox"/> Family - \$10	<input type="checkbox"/> Organization – \$90/4 staff
<b>Before Dec. 31: \$20</b>	<b>\$12</b>	<b>\$8</b>	<b>\$72/4 staff</b>
(each additional person \$16)			

**Please mail completed form and payment to:**  
**West Virginia Infant/Toddler Mental Health Association**  
**PO Box 1653, Huntington, WV 25717**  
**michelle@nurturingwvbabies.org**  
**304-697-0876**

Visit [www.nurturingwvbabies.org](http://www.nurturingwvbabies.org) to complete this form and submit payment online

Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \_\_\_\_\_