

THE
AMERICAN
 ACADEMY OF
BEREAVEMENT



An Affiliate of CMI Education Institute, Inc.
 PO Box 1000, Eau Claire, WI 54702
 www.cmieducation.org

**Advancing the
 field of bereavement.**

www.cmieducation.org

NEW Member Enrollment Form

Get a 1 year individual membership for only \$129!

Corporate Membership as low as \$85 per person!

The American Academy of Bereavement (AAB) is a non-profit National Association devoted to the education, preparation, and advancement of bereavement specialists.

MEMBERSHIP ENROLLMENT FORM

Salutation _____ Suffix _____

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Work Phone (____) _____

Home Phone (____) _____

Fax (____) _____

Email address _____

Occupation/Title _____

Licenses(s) held (if any). Please list **all** and issuing State(s).

Education

- High School
- 2-Year College Degree (concentration) _____
- 4-Year College Degree (concentration) _____
- Masters' Degree (concentration) _____
- Doctorate Degree (concentration) _____

Employer _____

Work Address _____

City _____ State _____ Zip _____

*4 Ways
 To
 Join!*

Call: **1-800-726-3888**
 Fax: **1-800-554-9775**
 Web: **www.cmieducation.org**
 Mail: **See address below**

- Single Membership**
 - 1-year (\$129)
 - 3-year (\$295)
- Corporate (up to 5 members)**
 - 1-year (\$425)

*Fill out new form for each individual

Networking Interests (check 3):

- funeral aftercare
- child and teen grief
- grief and families
- traumatic loss
- private practice
- neonatal/pediatric
- pastoral care
- gerontology
- hospice
- organ donation
- terminal care
- support groups

Send application and payment to:
The American Academy of Bereavement
PO Box 1000
Eau Claire, WI 54702

- Enclosed is my check or money order payable in U.S. dollars to:
The American Academy of Bereavement

- Please charge to my credit card:
 - Visa
 - Mastercard
 - Discover
 - Am. Ex.
 Card # _____
 Expiration Date ____/____/____

Cardholder Signature
 X _____