

*CT- AIMH is an association of professionals in CT who are concerned with the healthy social and emotional development of infants and young children.*

*Public Awareness  
Policy/Legislation  
Early Childhood  
Workshops, Conferences*

**CT-AIMH Agency  
Membership Fees**

Agency with 4 members: \$75  
Additional agency members:  
\$15/person

Use additional membership forms, as needed. If a member is replaced by an agency, notification in writing to CT-AIMH is required.

Information about membership in the World Association for Infant Mental Health can be found at [www.waimh.org](http://www.waimh.org)  
Membership can include the Infant Mental Health Journal



CONNECTICUT ASSOCIATION  
FOR INFANT MENTAL HEALTH

<http://www.ct-aimh.org>

Please return completed membership form and check made out to:

CT-AIMH

Mail to:

Kareena DuPlessis  
United Way of CT  
1344 Silas Deane Hwy  
Rocky Hill CT 06067

Questions? Please call:  
860-571-7530

## CT – AIMH 2009 Connecticut Association for Infant Mental Health Agency Membership Application

Please complete the following information.

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

1. Primary Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Additional Agency Members:

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional Agency members will be charged \$15/person:

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

7. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

8. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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