

*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 Membership Fees**

Individual: \$25  
Student: \$15  
Parent (of young child) : \$15



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

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

# CT – AIMH 2012

## Connecticut Association for Infant Mental Health Individual Membership Application & Questionnaire

Please complete the following information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Affiliation / Agency: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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

Profession: (Check not more than ONE):	Main Interest Areas: (Check no more than FIVE):	
<input type="checkbox"/> Business/Corporation <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Early Care Provider <input type="checkbox"/> Early Childhood Policy/Research <input type="checkbox"/> Early Childhood Educator <input type="checkbox"/> Early Childhood Consultant <input type="checkbox"/> Health/Ed Consultant <input type="checkbox"/> Infant/Toddler Care Worker <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Parent-Infant Specialist <input type="checkbox"/> Pediatrician <input type="checkbox"/> Perinatalogist <input type="checkbox"/> Psychologist <input type="checkbox"/> Neonatalogist <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Therapist <input type="checkbox"/> Parent <input type="checkbox"/> Student Other: _____	<input type="checkbox"/> Affective Development <input type="checkbox"/> Anxiety/Inhibition <input type="checkbox"/> Attachment <input type="checkbox"/> Autism <input type="checkbox"/> Challenging Behaviors <input type="checkbox"/> Child Abuse <input type="checkbox"/> Childhood psychosis <input type="checkbox"/> Cross-cultural studies <input type="checkbox"/> Depression <input type="checkbox"/> Developmental and Behavioral Pediatrics <input type="checkbox"/> Developmental Psychopathology <input type="checkbox"/> Divorce and Remarriage <input type="checkbox"/> Epidemiology of infant Disorders <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Family Processes <input type="checkbox"/> Fathers <input type="checkbox"/> Handicapped infants <input type="checkbox"/> High risk infants <input type="checkbox"/> Infant-mother interaction <input type="checkbox"/> Infant Research/Policy	<input type="checkbox"/> Maternal Depression <input type="checkbox"/> Mental retardation <input type="checkbox"/> learning disabilities <input type="checkbox"/> Normal & abnormal preschool development <input type="checkbox"/> Nutrition <input type="checkbox"/> Parent Education <input type="checkbox"/> Parenting Issues <input type="checkbox"/> Pediatric Care <input type="checkbox"/> Pregnancy & Perinatal period <input type="checkbox"/> Prenatal Development <input type="checkbox"/> Prevention & Early Intervention <input type="checkbox"/> Psychoanalysis <input type="checkbox"/> Sex role development, <input type="checkbox"/> Sex differences <input type="checkbox"/> Sibling Relationships <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Socialization & Discipline <input type="checkbox"/> Temperament Other: _____