

Membership Form 2017

Membership is open to professionals who reside and practice in the Tri-State (PA, NJ, DE) area.

	As you want it to appear in SOS Directory	Second Office (optional)
Name:		
Degree:		
Title:		
School/Business:		
Address:		
City, State, Zip+4:		
Phone:		
Fax:		
Emails:		
Website:		

I DO NOT want my information in the SOS online or print directory.

SPECIALTIES: Please circle NO MORE THAN THREE categories for which you are trained and/or have credentials.		
ADD/Executive Functioning Coach	Occupational Therapist	School Counselor
Advocate	Physical Therapist	School Technology Consultant
Applied Behavior Specialist	Play Therapist	Social Skills Coach
Art Therapist	Psychiatrist	Social Worker
Attorney	Psychologist: Assessment	Speech/Language Pathologist
Audiologist	Psychologist: Clinical	Teacher
College Consultant	Psychologist: Health	Tutor: Foreign Language
Developmental Pediatrician	Psychologist: Neuropsychologist	Tutor: Math
Educational Consultant	Psychologist: School	Tutor: Reading/Writing
Learning Specialist	Psychotherapist	Tutor: Science
Licensed Professional Counselor	Reading Specialist	Tutor: Study Skills/Test Prep
Marriage/Family Therapist	School Administrator	Vision Specialist
Music Therapist	School Consultant	Vocational/Career Consultant

*SOS uses an e-mail marketing tool called Constant Contact to notify members and others of SOS programs and workshops. Do we have permission to add your name and email to the SOS Constant Contact mailing list? Yes No

*Have you ever been convicted of a crime which involves honesty, integrity, or improper/unlawful conduct with children or adults? Please explain: _____

* Yes No I have read and understand the Privacy/Use Policy. <http://specialistsofschools.org/terms-of-use-privacy-policy>

<p>Please return your:</p> <ul style="list-style-type: none"> Completed Membership Form Check for \$50.00 dues payable to "Specialists of Schools," Optional donation in the amount of \$ _____ <p align="center">SPECIALISTS OF SCHOOLS 332 Morgan Street Phoenixville, PA 19460</p>
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<p>For additional information please contact:</p> <p align="center">Leah Snyder Batchis 215-550-1762, leah@specialedlawgroup.com;</p> <p align="center">Erin Crowley 415-321-9350, erinsterncrowley@gmail.com.</p>
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