



Membership Application Form

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:		

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

Please return your:
Completed Membership Form
Check for **\$50.00** dues payable to "Specialists of Schools,"
Optional donation in the amount of \$_____

SPECIALISTS OF SCHOOLS
Catherine Freimiller
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Philadelphia, PA 19111

For additional information please contact:

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