

Membership Form 2014

	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 Coach	Play Therapist	Social Skills Coach
Advocate	Psychiatrist	Social Worker
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
Marriage/Family Therapist	School Administrator	Vision Specialist
Music Therapist	School Consultant	Vocational/Career Consultant
Occupational Therapist	School Counselor	
Physical Therapist	School Technology Consultant	

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

<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>SPECIALISTS OF SCHOOLS 332 Morgan Street Phoenixville, PA 19460</p>	<p>For additional information please contact:</p> <p>Ilene Blain, Ed.D., NCSP (610) 642-4873 x13 drblain@ileneblain.com</p> <p>OR</p> <p>Marisa Crandall, Ph.D. (215) 247-4700 x 1325 mcrandall@sch.org</p>
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