

Membership Form 2013

	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	

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
332 Morgan Street
Phoenixville, PA 19460

For additional information please contact:

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