

American Counseling Association Of Missouri

A Branch of the American Counseling Association

A professional association of counselors

MEMBERSHIP APPLICATION

_____ STUDENT _____ NEW _____ RENEWAL

Office Use Only

Received: _____

Check Number: _____

Amount: _____

Address change in the past year _____

PLEASE PRINT CLEARLY:

_____	_____	_____	_____
<i>Last Name</i>	<i>First</i>	<i>Initial</i>	<i>Home Phone</i>
_____	_____	_____	_____
<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code + 4</i>
_____	_____	_____	_____
<i>Place of Employment</i>	<i>Title</i>	_____	<i>Work Phone</i>
_____	_____	_____	_____
<i>Work Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code + 4</i>
_____	_____	_____	_____
<i>Fax</i>	_____	<i>e-mail</i>	_____

PLEASE CHECK APPROPRIATE BOXES:

_____ LPC _____ Provisionally Licensed Counselor _____ ACA Member
_____ NCC _____ Student* (_____ Undergraduate _____ Graduate) _____ Other: _____

Student membership must attend an institution of higher education at the *undergraduate* or *graduate* level in the counseling or mental health field. **Each student application must have their faculty advisor's signature for verification.**

The above student currently is enrolled in undergraduate or graduate studies (during the current academic year)

Signature of Faculty Advisor

Date

Institution

Telephone

The *Century Club* is *special membership designation* for ACAM members, professional or student, who provides additional financial support for the functions of ACAM.

		Student Member	Professional Member	Amount Due
American Counseling Association of Missouri	ACAM	\$25.00	\$75.00	
Missouri Association of Licensed Professional Counselors (<u>must be a member of ACAM to belong to MOLPC</u>)	MOLPC	\$5.00 Associate Affiliate	\$15.00	
American Counseling Association of Missouri – Kansas City Chapter	ACAM-KCC	\$10.00	\$20.00	
ACAM Century Club	\$100.00			
Donation				
Legal Fund				
			TOTAL ENCLOSED	

Checks payable to ACAM MasterCard and Visa available

ALL SECTIONS MUST BE COMPLETED FOR CREDIT CARD.

_____ MASTERCARD _____ VISA

Card Number: _____ Expiration Date: _____

Name on Card: _____ Total Amount: \$ _____

PRINT CLEARLY

Signature

**Mail to: ACAM, P.O. Box 104902, Jefferson City, MO 65110.
Telephone: 800/622-9470, e-mail mail@counselingmissouri.org.**