



NORTH CAROLINA COUNSELING ASSOCIATION

- MEMBERSHIP APPLICATION -

EXPIRES JUNE 30, 2019

Toll free: 888.308.NCCA

Web Site: www.nccounselingassociation.org



NORTH CAROLINA COUNSELING ASSOCIATION
A Branch of the American Counseling Association

(PLEASE PRINT)

Miss Ms. Mrs. Mr. Dr.

New Member
 YES NO

Name: _____
Last First Middle Initial

Member ID # _____

Mailing Address: _____
No. & Street City State & Zip County

Telephone: (H) (_____) (O) (_____) E-Mail: _____

Employer/School: _____

Primary Position: Counselor Counselor Educator Student Other _____
Setting: Agency Community College K-12 School Private Practice University Other _____

Please DO NOT include my name in a directory of NC Counselors.

Please note: Your contact information may be shared with other professional organizations for the purpose of professional development.

Please DO NOT share my contact information with other professional organizations.

ANNUAL NCCA MEMBERSHIP DUES

(Required for enrollment in any Division)

Professional \$60.00 _____
 Regular \$60.00 _____
 Emeritus \$15.00 _____
 Student ** \$15.00 _____

ANNUAL NCCA DIVISION AND INTEREST GROUP DUES

NC Association for Counselor Education and Supervision	NCACES	10.00	_____
NC Career Development Association	NCCDA	15.00	_____
NC Association for Humanistic Counseling	NCAHC	5.00	_____
NC Association for Assessment in Counseling	NCAAC	5.00	_____
NC Association for Multicultural Counseling & Development	NCAMCD	5.00	_____
NC Association for Spiritual, Religious & Value Issues in Counseling	NCASERVIC	3.00	_____
NC Association for Specialist in Group Work	NCASGW	5.00	_____
NC Addiction & Offenders Counselor Association	NCAOCA	12.00	_____
NC Mental Health Counselor Association	NCMHCA	15.00	_____
NC College Counseling Association	NCCCA	10.00	_____
Association for Gay, Lesbian and Bisexual Issues in Counseling of NC	AGLBIC of NC	5.00	_____
NC Association of Marriage and Family Counselors	NCAMFC	10.00	_____
NC Association of Adult Development and Aging	NCAADA	10.00	_____
Association for Child and Adolescent Counseling - NC	ACACNC	10.00	_____
Military and Government Counseling Association - NC	MGCA-NC	15.00	_____
NC Graduate Students Association	NCGSA	5.00	_____

TOTAL ENCLOSED \$ _____

Check payable to: NCCA MEMBERSHIP

VISA MasterCard American Express Discover

Expires

Security Code

Signature _____

(Required to process if paying by credit card)

Date _____

MAIL TO: NCCA, P.O. Box 20875, Raleigh, NC 27619

CREDIT CARDS MAY BE FAXED TO: 919.782.9470

Note: Professional dues may or may not be deductible in full or part. Please check with your tax preparer. Approximately 10% of your NCCA dues are allocable to nondeductible lobbying efforts on behalf of the counseling profession in the state.

** Graduate Students: (Students are intended to be full time and memberships are granted at the discretion of NCCA)

Please have your counselor education faculty member sign the following statement.

"I hereby certify that the applicant is engaged in counseling studies during the current academic year."

Signature of professor and University/College Name _____

Date _____

I am aware that I may be dropped from membership in the association for conduct that is contrary to or destructive of its mission according to its Bylaws and the Code of Ethics for the American Counseling Association.