

ALABAMA COUNSELING ASSOCIATION

MEMBERSHIP APPLICATION

For Office Use Only	
Amount _____	Check # _____
Bank _____	
Process Date _____	
Membership # _____	

NAME _____

ADDRESS, CITY, STATE, ZIP _____

JOB TITLE _____

SPECIALIZATION _____

EMPLOYER _____

HOME PHONE _____

WORK PHONE _____

COUNTY _____

ALCA CHAPTER _____

EMAIL _____

Are you an LPC? Yes _____ No _____

American Counseling Association Member (ACA)?

Date first joined ALCA? _____

Are you on the listserv? Yes _____ No _____

Would you like to be added? Yes _____ No _____

I am a renewing member (was member last year).

I am reinstating membership (was formerly a member).

I am applying for a new membership (first time).

I do not wish to renew.

Type of Membership (membership in ALCA and at least one division is required)	Membership Dues	Amount of Payment
A. ALCA Membership includes one geographic chapter		
<input type="checkbox"/> 1. Active	Active	60.00
<input type="checkbox"/> 2. Student (full-time; not working)	Student	30.00
<input type="checkbox"/> 3. Retired	Retired	30.00
<input type="checkbox"/> 4. Past State ALCA President	Past President	N/A
B. Divisions (you must join at least one; student and retired members pay 1/2 division dues):		
<input type="checkbox"/> 1. Alabama College Counseling Association	ALCCA	5.00
<input type="checkbox"/> 2. Alabama Association for Counselor Education and Supervision	ALACES	15.00
<input type="checkbox"/> 3. Alabama Association for Multicultural Counseling and Development	ALAMCD	8.00
<input type="checkbox"/> 4. Alabama School Counselor Association	ALSCA	15.00
<input type="checkbox"/> 5. Alabama Career Development Association	ALCDA	6.00
<input type="checkbox"/> 6. Alabama Mental Health Counselors Association	ALMHCA	15.00
<input type="checkbox"/> 7. Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling of Alabama	ALGBTICAL	5.00
<input type="checkbox"/> 8. Alabama Association for Specialists in Group Work	ALASGW	6.00
<input type="checkbox"/> 9. Alabama Association for Spiritual, Ethical, and Religious Values in Counseling	ALASERVIC	6.00
<input type="checkbox"/> 10. Alabama Division of the American Rehabilitation Counseling Association	ALDARCA	4.00
<input type="checkbox"/> 11. Alabama Association for Marriage and Family Counseling	ALAMFC	10.00
<input type="checkbox"/> 12. Alabama Association for Addictions and Offenders Counseling	ALAAOC	5.00
<input type="checkbox"/> 13. Alabama Association for Adult Development and Aging	ALAADA	5.00
Total Dues Enclosed		

I certify that the applicant is not working full-time and is a full time student.

Signature of Professor

Institution

Make check to ALCA and mail application to:
(No Purchase Orders, please)

Dr. Nancy Fox
ALCA
P. O. Box 131425
Birmingham, AL 35213-1425

OR

Card CVC2 Code _____

Type: _____ Credit Card # _____ Exp. Date _____

I agree to adhere to the ethical codes of ACA and the National Divisions which govern ALCA and its Divisions. Copies of these statements are available upon request. I also grant permission for ALCA to release my name and other pertinent information as it deems appropriate.

Date: _____

Member's Signature: _____