

# 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; note categories on back)	Membership Dues	Amount of Payment
<b>A. ALCA Membership includes one geographic chapter</b>		
<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 President	Past President	N/A
<b>B. Divisions (you must join at least one; student and retired members pay 1/2 division dues):</b>		
<input type="checkbox"/> 1. Alabama College Counseling Association	ACCA	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 of 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
<b>Total Dues Enclosed</b>		

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: Dr. Ervin "Chip" Wood  
ALCA  
217 Daryle Street  
Livingston, AL 35470

OR

Card CVC2 Code \_\_\_\_\_

Type: \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

I agree to adhere to the ethical codes of ACA and the National Division 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: \_\_\_\_\_