

# Alabama Counseling Association

Your membership in the AICA will ensure that the Alabama Counseling Association remains a dynamic network of professional counselors in the State of Alabama.

You are an important asset to over 2,000 professionals who generate the political influence with the legislature necessary to continue the development and maintenance of high standards for those involved in the counseling profession. Continuing your support of AICA is a wise investment.

Help AICA and help yourself by returning the enclosed membership application along with your check or credit card form. We urge you to consider joining multiple divisions to facilitate all your diverse interests.

Together we can make a difference.

Sincerely,

A handwritten signature in black ink, appearing to read "Ervin L. Wood".

Ervin L. Wood  
Executive Director

**ALABAMA COUNSELING  
ASSOCIATION**

**MEMBERSHIP APPLICATION**

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

NAME _____	_____
MAILING ADDRESS _____	City, State, Zip _____
JOB TITLE _____	SPECIALIZATION _____
EMPLOYER _____	_____
HOME PHONE _____	WORK PHONE _____
COUNTY _____	ALCA CHAPTER _____
EMAIL _____	_____

<input type="checkbox"/> State House District _____ <input type="checkbox"/> Are you an LPC? Yes _____ No _____ Date first joined AICA: ____/____/____ Are you on the ALCA listserv? _____ If not, would you like to be added? _____	<input type="checkbox"/> State Senate District _____ <input type="checkbox"/> American Counseling Association Member (ACA) <input type="checkbox"/> Please send information about the American Counseling Association  <input type="checkbox"/> I am a renewing member (was member last year) <input type="checkbox"/> I am applying for a new membership (first time)
<input type="checkbox"/> I am reinstating membership (was formerly a member) <input type="checkbox"/> I do not wish to renew	

Type of Membership (membership in AICA and at least one division is required; note categories on back)	Membership Dues	Amount of Payment
<b>A. AICA membership includes on geographic chapter:</b>		
<input type="checkbox"/> 1. Active Professional/Regular	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	ALCCA	5.00
<input type="checkbox"/> 2. Alabama Association for Counselor Education and Supervision	AIACES	15.00
<input type="checkbox"/> 3. Alabama Association for Multicultural Counseling and Development	AIAMCD	8.00
<input type="checkbox"/> 4. Alabama School Counselor Association	AISCA	15.00
<input type="checkbox"/> 5. Alabama Career Development Association	AICDA	6.00
<input type="checkbox"/> 6. Alabama Mental Health Counselors Association	AIMHCA	15.00
<input type="checkbox"/> 7. Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling of AL	ALGBTICAL	5.00
<input type="checkbox"/> 8. Alabama Association for Specialists in Group Work	AIASGW	6.00
<input type="checkbox"/> 9. Alabama Association for Spiritual, Ethical, and Religious Values in Counseling	AIASERVIC	6.00
<input type="checkbox"/> 10. Alabama Division of the American Rehabilitation Counseling Association	AIDARCA	4.00
<input type="checkbox"/> 11. Alabama Association for Marriage and Family Counseling	AIAMFC	10.00
<input type="checkbox"/> 12. Alabama Association for Addictions and Offenders Counseling	AIAAOC	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 AICA and mail application to: Dr. Ervin "Chip" Wood      Debit/Credit Card # \_\_\_\_\_  
 AICA      OR  
 217 Daryle St.      Type: \_\_\_\_\_ Exp. \_\_\_\_\_  
 Livingston, AL 35470

I agree to adhere to the ethical codes of ACA and the National Divisions which govern AICA and its Divisions. Copies of these statements are available upon request. I also grant permission for AICA to release my name and other pertinent information as part of the AICA directory and mailing list.  
 DATE: \_\_\_\_\_ Member's Signature \_\_\_\_\_