



American College of Counselors Membership Application

Membership Information

(Please print clearly) Circle one: Dr. Prof. Rev. Mr. Mrs. Ms. Other: _____

First Name _____ MI _____ Last Name _____

Address _____

City/State/Zip _____

Office Phone _____ Home Phone _____

Fax _____ E-mail _____

Highest Degree _____ Job Title _____

Date of Birth _____ How did you hear about ACC? _____

If a license is required by the jurisdiction in which you practice, please provide license #, state, and a copy of your license:

License # _____ State of _____

Membership Categories

Check one of the following levels of membership. A complete resume and copy of license (if applicable) is required.

<input type="checkbox"/>	Diplomate:	\$120
<input type="checkbox"/>	Clinical Member:	\$100
<input type="checkbox"/>	International Clinical Affiliate Member:	\$100
<input type="checkbox"/>	Clinical Member-in-Training:	\$75
<input type="checkbox"/>	Associate Member:	\$50
<input type="checkbox"/>	Student Member:	\$25

Certification

If you are a Clinical Member or Diplomate, you may apply for Certification in Clinical Supervision.

<input type="checkbox"/>	Board Certified Clinical Supervisor:	\$150
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Payment Processing

Payment must accompany application. Annual membership renewals are the same price as your enrollment fee. Certification for Clinical Supervision has an annual renewal rate of \$50, which is in addition to your membership renewal. Certificates will be issued upon full payment.

<input type="checkbox"/>	Money Order
<input type="checkbox"/>	Check Enclosed (Please make checks payable to: American College of Counselors)
<input type="checkbox"/>	Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number	Expiration date
Signature	

I certify that the above information is true and correct and I am not misleading or providing false information to the American College of Counselors (ACC). I may be asked to provide additional documentation. I understand that ACC reserves the right to verify any and all of the information I provide. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked or allow my membership in ACC to lapse, I understand and agree that my status will be revoked and my membership terminated. I agree to hold harmless and indemnify ACC and its officers, directors, employees and agents for any misrepresentations of my credentials and for all claims, loss, damage, judgment expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation in the past 10 years nor am I under investigation by any legal authority or licensing board. If any of the above is not true, please provide a separate letter of explanation. ACC does not endorse, guarantee or warrant the work or opinions of any individual member. Membership does not imply licensing by the organization of a member's qualifications, abilities or expertise. The objectives of ACC activities are for informative and educational purposes. The views expressed by the authors, publishers or presenters are their own and do not necessarily reflect those of the ACC. The ACC does not assume any responsibility or liability for its members or subscriber's efforts to apply or utilize the information, suggestions or recommendations made by the organization, publication resources or activities.

Full Name (Please Print) _____

Signature _____

Date _____

Mail or fax your completed application to:

ACC

2750 E. Sunshine

Springfield, MO 65804

Fax: (417) 823-9959

Phone: (800) 205-9165