

# Montgomery County Counseling Association Membership Application Form

Please Note: A separate form must be filled out for each member. Please photocopy if additional forms are needed.

**Dues: \$20 one year/ \$30 two years; Student rate \$15 one year/ \$25 two years.**

Please make checks payable to **MCCA**.

Mail to Membership Chair: **Susan Mayson, 904 Pitt Road, Cheltenham, PA 19012**

**Questions? Email at [smayson@colonialsd.org](mailto:smayson@colonialsd.org)**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Highest Degree: \_\_\_\_\_ License/Certification: \_\_\_\_\_

Are you current member PSCA? **Yes / No** Current member PCA? **Yes / No**

Have you been a member of MCCA previously? **Yes/No**

I am joining MCCA for one year **Yes** (\$20- professional; \$15-student)

I am joining MCCA for two years **Yes** (\$30- professional; \$25- student)

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Primary Employer: \_\_\_\_\_ Building (if different): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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Secondary Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to strengthen MCCA by volunteering my time in the following area(s):

**PROGRAMS – NEWSLETTER – MEMBERSHIP – EXECUTIVE BOARD**

**GUEST SPEAKER - PUBLICITY - WEB SITE - OTHER**

***I WOULD LIKE MORE INFORMATION ABOUT AREAS WHERE I CAN HELP***

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Administrative use only. Do not write below this line

New member: \_\_\_\_\_ Renewing member: \_\_\_\_\_

Cash: \$ \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_ Check Number \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date confirmation sent to member: \_\_\_\_/\_\_\_\_/\_\_\_\_