

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.

Professional Dues: \$20 one year/ \$30 two years Student dues \$15 one year/ \$25 two years.

Please make checks payable to **MCCA**.

Mail to Membership Chair: **Kelly Gallagher 889 Croton Road, Wayne PA 19087**

Questions? Email at kegallagher@umasd.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: ____/____/____