

# 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. A new form must be filled out completely by every member each year in order to maintain the directory. Information on this form will be used to compile a directory available only to members. Please indicate if you do not wish specific information listed.

**Dues:** \$20 annually; Student rate \$15 annually. Please make checks payable to **MCCA**.  
Mail to Membership Chair: **Jeff Blizzard 36 N. Boro Line Rd. Trappe, PA 19426**

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**

Do you accept referrals? **Yes / No** Other Professional Affiliations \_\_\_\_\_

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

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

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

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

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):  
(Please circle all that are applicable)

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

**PUBLICITY – HOSTING A BRUNCH – WEB SITE – OTHER**

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_