



LICENSED
PROFESSIONAL
COUNSELORS
ASSOCIATION OF
NORTH CAROLINA

MEMBERSHIP APPLICATION

Please print clearly and update information as needed. Thanks.

NEW MEMBER

RENEWAL

Name: _____

Company Name: _____

Website: _____

Credentials (as you wish them to appear): _____

LPC License #: _____

LPCA License #: _____

LPC-S License #: _____

Is this address your:

Work _____ or Home _____

Primary Contact Information in the LPCANC Database:

Street Address: _____

City/State/Zip: _____

County _____

Region (see map on website) _____

E-mail: _____ (Is this email your Work _____ or Personal _____)

Primary Phone (Indicate: work __ cell __ home __): _____

Secondary Phone (Indicate: work __ cell __ home __): _____

LPCANC holds an annual membership drive. If you would like to give credit to the person who introduced you to LPCANC, please list their name. (Printed) _____

Code of Ethics & Standards Agreement.

Please sign below as appropriate (No agreement required for Associate Membership):

I, as a Professional Member of LPCANC, agree to adhere to the Code of Ethics and Standards of Practice set forth by the NC Board of Licensed Professional Counselors. I certify that I am a LPC in good standing with NCB LPC and that the information provided is accurate to date.

Signature _____

Date _____

- Membership:**
- Professional – One Year (LPC, LPCA - voting) – \$130 \$ _____
 - Affiliate (non-LPC - non-voting) – \$125 \$ _____
 - New Professional (voting) – \$75 \$ _____
 May be used for two years after graduation, for a total two membership years. Year of Graduation _____
 - Student (non-voting) – \$25 \$ _____
 - Retired (voting) – \$60 \$ _____
 - Contribution to Scholarship Fund \$ _____
 - Contribution to General Fund \$ _____

Total Enclosed \$ _____

Payment Method: ___ Check (Made payable to LPCANC) ___ Credit Card: (Visa/MasterCard/Discover)

Credit Card #: _____ Expiration Date: _____ 3-digit Code _____

Name as it appears on card: _____

Credit Card Statement Billing Address (street) and Zip Code: _____

Signature _____

Are you a National Certified Counselor? Yes No

Please list all relevant state or national associations of which you are a member: _____

RETIRED:

I, as a **Retired Member of LPCANC**, certify that I am doing paid counseling for less than 10 hours a week, and am 60 years of age, or older. (Sign below)

Signature _____ Phone: _____ Email: _____

STUDENT:

I, as a **Student Member of LPCANC**, certify that I am a student in good standing, enrolled at least half-time in a counseling related graduate education program at (Name of Institution): _____

Signature _____ Date _____

To qualify for student membership , please have your supervisor sign the student affirmation below.

Professor: By signing below, you affirm this student is enrolled at least half-time. Date signed: _____

Signature _____ Phone: _____

Email: _____

LPCANC provides our newsletter, event notices and updates about the organization and related matters via email. This expedites information sharing and reduces our costs. Send email to my Work Home

In the rare event we need to mail something, please indicate your preferred mailing address. Send mail to my Work Home

Directory Preferences

LPCANC maintains three directories for which every member is eligible: **A membership directory** for members to locate other members (**private**) and a **referral directory for consumers** to locate practitioners (**public**) and a **Mentor director (private)**. Please indicate your address listing preferences and complete the Referral Directory on the reverse if you wish to be included in that directory. **Your listing is FREE!**

Membership Directory (Check ONE only)	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> DO NOT LIST
Referral Directory (Check ONE only)	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> DO NOT LIST
Mentor Directory (Check ONE only)	<input type="checkbox"/> Work	<input type="checkbox"/> Home	<input type="checkbox"/> DO NOT LIST

LPCANC maintains a **Supervisor Directory FREE** for members with the LPC-S license. This enables students to find a supervisor and increases your earning potential. If you wish to be listed in the **Supervisor Directory** please provide the contact info you wish to be listed on this **private directory (only seen by LPCANC members)**.

Email: _____

Phone: _____ (please specify if work, home or cell)

Address: _____

Mail to: LPCANC
P.O. Box 266
Knightdale, NC 27545

Questions? Call 919.723.7087
Email: info@lpcanc.org
Website: www.lpcanc.org