



VIRGINIA COUNSELORS ASSOCIATION 2017 MEMBERSHIP APPLICATION



Please print and complete the VCA Membership Application. Items with * must be completed. Optional items are used to assist VCA with membership services and program planning.

Application Type:* (Check One) <input type="checkbox"/> New <input type="checkbox"/> Renewal Membership <input type="checkbox"/> Profile Update					
Member Type: * (Check One) <input type="checkbox"/> Professional <input type="checkbox"/> Regular <input type="checkbox"/> New Professional <input type="checkbox"/> Retired <input type="checkbox"/> Student					
Professional Member: Any individual who holds a master's degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation, and who actively engages in (or is interested in) counseling. A professional member shall be eligible to vote.					
Regular Members: Any individual whose interest and activities are consistent with those of the Association but who do not meet the criteria for professional membership. A regular member shall be eligible to vote.					
New Professional Member: The VCA member category of New Professional is reserved for members in the first and second years in a new role as a counselor or related staff. New Professionals pay a reduced fee, which is the same as students. New Professionals are eligible to vote.					
Retired Member: Individual Professional or Regular members who have reached the age of 55 and have retired from the counseling profession. Persons who are granted retired status will have a membership fee one/half (½) the amount of the dues paid by professional/ regular members and shall be eligible to vote.					
Student Member: Any individual who is a full time or part-time student in a program related to counseling. Student membership is subject to verification of student status to receive the discounted membership rate. Student members shall be eligible to vote. Verification of student status is required below.					

Title		Name (First, Middle, Last)*			
Former Last Name		Suffix	Degree/Designee (If degree or license name is used after last name)		
Mailing Address*					
City*		State*		Zip*	
Preferred Phone*		Mobile Phone		Work Phone	
Preferred Email*		Alternate E-mail			
VCA MEMBERSHIP DUES*		CHAPTER DUES		DIVISION DUES	
ANNUAL DUES* <i>Check the membership category that applies</i>		Circle the Chapter(s) you wish to join. You Must Join VCA Before Joining a Chapter.		Circle the division(s) you wish to join. You Must Join VCA Before Joining a Division.	
<input type="checkbox"/> \$70 Professional/Regular <input type="checkbox"/> \$25 New Professional <input type="checkbox"/> \$25 *Student <input type="checkbox"/> \$35 Retired		AV Apple Valley \$ 5.00 Student/Retired \$ 2.50 CV Central Valley \$ 8.00 Student/Retired \$ 4.00 HR Hampton Roads \$10.00 Student/Retired/New Prof \$ 5.00 JF Jefferson Inactive* LY Lynchburg \$10.00 Student \$ 5.00 Retired \$ 4.00 NR New River Valley \$ 5.00 Student/Retired \$ 2.50 NV Northern Virginia \$10.00 Student/Retired \$ 5.00 PN Peninsula \$10.00 Student/Retired \$ 5.00 PW Prince William \$15.00 Student \$ 5.00 Retired \$ 7.50 RH Rappahannock Inactive* RI Richmond \$10.00 Student/Retired \$ 5.00 RO Roanoke \$10.00 Student/Retired \$ 5.00 SW Southwest Inactive* WT Western Tidewater \$10.00 Retired/Student \$ 5.00		VACES Assoc. for Counselor Education & Supervision Professional/Regular/New Prof \$10.00 Student/Retired \$ 5.00 VACFC Assoc. for Couples & Family Counseling Professional/Regular/New Prof \$10.00 Student/Retired \$ 5.00 VAMCD Assoc. for Multicultural Counseling & Development Professional/Regular/New Prof \$ 5.00 Student/Retired \$ 2.50 VASGW Assoc. of Specialists in Group Work Professional/Regular/New Prof \$ 5.00 Student/Retired \$ 2.50 VA-ALGBTIC Assoc. for Lesbian, Gay, Bisexual & Transgender Issues in Counseling Professional/Regular \$ 5.00 Student/Retired/New Prof \$ 2.50 VCDA Career Development Association Professional/Regular/New Prof \$10.00 Student/Retired \$ 5.00 VCCA Clinical Counselors Alliance Professional/Regular/New Prof \$10.00 Student/Retired \$ 5.00 VASC Alliance for School Counseling Professional/Regular \$10.00 Student/Retired/New Prof \$ 5.00 VA-ASERVIC Assoc for Spiritual, Ethical & Religious Values in Counseling Professional/Regular \$10.00 Student/New Prof/Retired \$ 5.00	
NOTICE OF NONDEDUCTIBILITY: Contributions, gifts, or payments to VCA are not deductible as charitable contributions for Federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses. VCA estimates that 10% of annual dues are allocated for lobbying expenses which are nondeductible contributions for Federal income tax purposes.		*If you are interested in becoming a leader of, or helping to reactivate this Chapter, please contact Vicky Wheeler at vcaoffice@cox.net , 800-225-8103			
Verification of Student Status: (Required for Student Rates*) I certify that the applicant named above is currently engaged in at least nine credits hours of undergraduate work in a counseling education program or enrolled in an advanced counseling degree curriculum during this academic year. Faculty Name _____ College _____ Faculty Email _____ Faculty Phone _____ Faculty Signature _____ Date _____					



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Information About You: (Optional)

VCA is interested in finding out about members and their background, so that the Association can provide services and programs that will best serve your professional needs. Please complete the following information that will remain part of your private member record.

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Year of Birth	Maiden Name	Number of Professional Memberships Outside VCA, Chapters and Divisions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
Current Position <input type="checkbox"/> Counselor <input type="checkbox"/> Counselor Supervisor <input type="checkbox"/> Counselor Educator <input type="checkbox"/> Clinical Counselor <input type="checkbox"/> Administrator <input type="checkbox"/> College Student Affairs <input type="checkbox"/> Research/Evaluation <input type="checkbox"/> Student School <input type="checkbox"/> Student Clinical <input type="checkbox"/> Retired Other _____	Highest Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's Other _____	Certifications Held <input type="checkbox"/> NCC <input type="checkbox"/> NCCC <input type="checkbox"/> NCSC <input type="checkbox"/> NCGC <input type="checkbox"/> CCMHC <input type="checkbox"/> CRC <input type="checkbox"/> LPC <input type="checkbox"/> LMFT <input type="checkbox"/> GCDF <input type="checkbox"/> GCDFI Other _____	Work Settings <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle/Junior H.S. <input type="checkbox"/> Secondary/Senior H.S. <input type="checkbox"/> Junior/Community College <input type="checkbox"/> Association/Foundation <input type="checkbox"/> College/University <input type="checkbox"/> Business/Industry <input type="checkbox"/> Career Development Program /Center <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Government <input type="checkbox"/> Military Installation <input type="checkbox"/> Parochial/Proprietary Institution <input type="checkbox"/> Private Practice <input type="checkbox"/> Retired <input type="checkbox"/> Rehabilitation Program/Agency <input type="checkbox"/> Vocational/Technical School <input type="checkbox"/> Other _____

VCA will not knowingly engage in any activities that discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age.

PAYMENT* (Must Be Included with Application)

VCA Membership	\$ _____
VCA Chapter Choice(s)	\$ _____
VCA Division Choice(s)	\$ _____
TOTAL PAYMENT	\$ _____

VOLUNTARY CONTRIBUTION

VCA Foundation: The Foundation is a charitable 502 (c) 3 tax deductible organization. To make a VCAF donation, please visit their website at www.vcafoundation.org.

CREDIT CARD PAYMENT INFORMATION

Check enclosed
 Charge to ___ AMEX ___ VISA ___ MC ___ DISC



Account Number _____ Exp Date _____

Name on Credit Card _____ CVC# _____

Signature _____

Signature of Authorized Card Holder:

Cardholder acknowledges that VCA will charge the total payment shown and agrees to perform the obligations set forth in the issuer's agreement.

- Please make checks out to VCA Membership Services.
- Mail this form with your payment or payment information to:
VCA Membership Services, 316 Hodges Cove Road, Yorktown, VA 23692.
- Form may also be faxed **if paying by credit card or purchase order.** Please fax to: (757) 766-5467.
- Payment may be made with one check for the full amount.
- **Questions?** Call the VCA office at (800) 225-8103 or (757) 766-5466; e-mail vcaoffice@cox.net;
- website - www.VcaCounselors.org