



# VIRGINIA COUNSELORS ASSOCIATION 2014 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.**

<b>Application Type:*</b> (Check One) <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal Membership</b> <input type="checkbox"/> <b>Profile Update</b>			
<b>Member Type: *</b> (Check One) <input type="checkbox"/> <b>Professional</b> <input type="checkbox"/> <b>Regular</b> <input type="checkbox"/> <b>New Professional</b> <input type="checkbox"/> <b>Retired</b> <input type="checkbox"/> <b>Student</b>			
<b>Professional Member:</b> 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.			
<b>Regular Members:</b> 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.			
<b>New Professional Member:</b> 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.			
<b>Retired Member:</b> 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.			
<b>Student Member:</b> 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.			

<b>Title</b>		<b>Name (First, Middle, Last)*</b>																																																																																																													
<b>Former Last Name</b>		<b>Suffix</b>	<b>Degree/Designee</b> (If degree or license name is used after last name)																																																																																																												
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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.

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Year of Birth</b>	<b>Year You Joined VCA</b>	<b>Number of Professional Memberships Outside VCA, Chapters and Divisions</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
<b>Current Position</b> <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 <input type="checkbox"/> Retired <input type="checkbox"/> Other	<b>Highest Degree</b> <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other	<b>Certifications Held</b> <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	<b>Work Settings</b> <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) \$ \_\_\_\_\_

**VOLUNTARY CONTRIBUTIONS**

**VCA Foundation** \$ \_\_\_\_\_  
The Foundation is a charitable 501(c)3 tax deductible organization; 100% Tax Deductible.

**VCA Challenge Fund** \$ \_\_\_\_\_  
State Board of Elections  
Registration No. 910254

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL PAYMENT\*** \$ \_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

Check enclosed  
 Charge to: \_\_\_ AMEX \_\_\_ VISA \_\_\_ MC



Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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 or e-mail [vcaoffice@cox.net](mailto:vcaoffice@cox.net).