

## Applicant Information *(fill out if paying by check or money order)*

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

*In submitting this application, I confirm that I am qualified for the selected membership category and that I agree to abide by the ACA Code of Ethics.*

## Select Your ACA Membership

- \$185 Professional:** Individuals who hold 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. Proof of academic credentials may be requested.
- \$185 Regular:** Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional Membership.
- \$102 New Professional:** Individuals who have graduated with a master's or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and institution \_\_\_\_\_
- \$102 Student:** Individuals who are enrolled at least half-time in a college or university program. Please indicate date of graduation (month/year)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and institution \_\_\_\_\_
- \_\_\_\_\_
- Please indicate education level  Master's  Doctoral
- Optional:** I would like to receive the print edition of the *Journal of Counseling & Development (JCD)* for an additional fee of \$35.

## Choose Your Division Membership Dues *(optional)*

I wish to enhance my professional opportunities by joining the following Divisions.

Print Division acronyms in spaces provided below, select member type and enter appropriate fees. *See chart on next page for Division and print fees.*

1) \_\_\_\_\_  Professional  New Professional  
 Regular  Student  
 Dues \$ \_\_\_\_\_

2) \_\_\_\_\_  Professional  New Professional  
 Regular  Student  
 Dues \$ \_\_\_\_\_

## ACA Foundation Tax-Deductible Contribution

The American Counseling Association Foundation, an organization separate from the American Counseling Association, moves quickly in times of crisis and provides funding where the need is greatest for ACA members and the clients we serve. The foundation receives no funding from ACA member-dues payments. Please support the American Counseling Association Foundation by making a tax-deductible contribution today.

\$5  \$10  Other \$ \_\_\_\_\_

## Total of Membership Dues

ACA Membership	\$ _____
Division Membership	\$ _____
\$10 Processing fee* <i>(if applicable)</i>	\$ _____
ACA Foundation Tax-Deductible Contribution	\$ _____
Journal Print Edition Fee (optional)	\$ _____
<b>Total Amount Remitted</b>	<b>\$ _____</b>

*\*If you are NOT an ACA member and are joining one or more of the divisions, add the \$10 processing fee to your total amount.*

### THREE-MONTH PAYMENT PLAN OPTION

*(Only available by phone using a debit/credit card)*

A \$2 processing fee will be charged on both the second & third installments, for a total of \$4. To sign up for the payment plan, contact an ACA Engagement Specialist at 800-298-2276, M-F 8:30 am – 5:30 pm, ET.

## PAYMENT METHOD

**Total amount enclosed \$** \_\_\_\_\_

Make check or money order, payable to the American Counseling Association in U.S. funds.

**Credit Card Payments:** To join using your debit/credit card, log on to [counseling.org/membership](http://counseling.org/membership) to pay online, or contact an ACA Engagement Specialist at 800-298-2276, M-F 8:30 am – 5:30 pm, ET.

**ACA Membership Cancellation/Refund Policy:** Membership cancellation received within 30 days of membership may be eligible for a full refund. Cancellation received after 30 days of membership may be eligible for a refund less a \$25 service fee. Membership cancellation after 60 days of membership is not eligible for a refund. Cancellation may be accepted by phone, fax or email and must be received by the cancellation deadline.

### Mail ACA Application to:

Attn: Finance Department  
 6101 Stevenson Avenue, Suite 600  
 Alexandria, VA 22304-3540

### Questions:

ACA Engagement Specialists  
 703-823-9801 | 800-298-2276  
 M-F 8:30 am – 5:30 pm, ET