

DO NOT USE AFTER JUNE 2010

Name _____

Last First MI

- New Application
- Renewal

- Ms.
- Mrs.
- Mr.
- Dr.

- Do not publish my address information in the Directory
- Do not release my information to any mailing service

Membership Type:

- Professional/Regular * The applicant has retired from a counseling position and is working less than 15 hours per week
- Retired* ** The applicant is a student in a counseling program and is not currently practicing as a counselor (Professor's information and signature required for membership discount; see below)
- Student**
- New Professional*** *** The applicant has recently graduated with a degree in counseling (first year's membership is free but requires a copy of the applicant's transcript or written statement from Professor)

Signature of Professor _____ Name _____

Institution _____ Date _____

Contact Information

Email _____ @ _____ Home Phone () _____

Address _____ Work Phone () _____

Fax () _____

Cell () _____

City State Zip

Committee Interests:

- Advocacy
- Archives
- Awards
- By-Laws
- Ethics & Human Rights
- Finance
- Licensure
- Membership
- Publications
- Public Relations
- Technology

Please Check All That Apply:

Certification:

- NCC
- NCSC

Licensure:

- LPC
- MHSP

Professional Organization Membership:

- ACA
- TEA
- Other _____

How did you learn about TCA?

- TCA Officer
- TCA Member
- Professor
- Listserv
- Website
- Other _____

Contact TCA Membership toll free at 877-730-3159 or tcamembership@tncounselors.org
Apply online at www.regonline.com/tcamembership

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Dues Information: TCA membership includes the state, one Chapter, and one Division of your choice.
 Additional Chapters may be joined for a cost of \$15.00 each.
 Additional Divisions may be joined for a cost of \$20.00 each.

*Please place a check mark in the appropriate box to indicate your Chapter and Division selection.
 You may choose more than one Chapter and/or Division, but please include the appropriate extra dues.*

Chapter Membership

- Cumberland Counseling Association
- Lookout Counseling Association
- Martha Polk Counseling Association
- Middle Tennessee Counseling Association
- Smoky Mountain Counseling Association
- South Central Counseling Association
- South Tennessee Counseling Association
- Watauga Counseling Association
- West Tennessee Counseling Association

Division/Organizational Affiliates Membership

- ALGBTIC TN** - Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling of TN
- TACES** - Association for Counselor Education and Supervision
- TAMCD** - Association for Multicultural Counseling & Development
- TMHCA** - Mental Health Counselors Association
- TSCA** - School Counselor Association
- TAADA*** - Association of Adult Development and Aging
- TAAOC*** - Association of Addiction and Offender Counselors
- TAMFC*** - Association of Marriage and Family Counselors
- TCDA*** - Career Development Association

**Effective July 1, 2003 these organizations had less than 40 members and became organizational affiliates rather than Divisions.*

TCA State Dues (includes one Chapter and one Division dues)	\$65.00
Additional Chapter Dues (\$15.00 each)	\$ _____
Additional Division Dues (\$20.00 each)	\$ _____
Subtotal [TCA and Additional Chapter(s) and/or Division(s) Dues]	\$ _____
<input type="checkbox"/> Retired Membership - Divide subtotal in half <input type="checkbox"/> Student Membership - Divide subtotal in half (must be validated on page one) <input type="checkbox"/> First Year Membership - Free for new graduates in counseling (must be validated on page one)	
Total Amount Due	\$ _____

Method of Payment

- Check made payable to: TCA**

Check Number _____

OR

- Credit Card Number** _____ **Exp Date** _____

Master Card

Visa

Signature _____ **Date** _____

I agree that the information provided on this application is correct and as a professional member of TCA I will adhere to the American Counseling Association Ethical Codes and Standards of Practice.

Signature _____ Date _____