

Dallas Metro Counseling Association

A Chapter of the Texas Counseling Association

2009-2010 Membership Application

Please circle one and print:

Dr. Mr. Mrs. Ms.

Today's Date: _____

Name: _____ Degree: _____ Email: _____
(Last) (First)

Mailing Address: _____ () _____
(City, State, Zip) (Phone)

Professional Information: _____
(Practice, School, Company, Agency) (License(s) and #'s)

Current Memberships: _____ ACA _____ TCA

Please check one or more of the following: I would like to participate in:

_____ Legislative _____ Programs _____ Nominations _____ By-Laws _____ Speakers

_____ Hospitality _____ membership _____ Finance _____ Awards _____ Ethics

_____ Marketing _____ Writing articles _____ Newsletter

Annual Membership dues for the 2009-2010 year are:

_____ \$20 DMCA Professional Member

_____ \$30 DMCA and NMCA Professional Member

_____ \$15 DMCA and NMCA Student Member

_____ \$15 DMCA and NMCA Retiree Member

Are you a _____ new member or _____ returning member?

Please make checks payable to DMCA.

Office Use only _____

Method of Payment: Check # _____ Cash _____