



DALLAS METRO COUNSELING ASSOCIATION

A Chapter of the Texas Counseling Association

2008-2009 Membership Application

Please Circle One and Print Legibly:

Today's Date _____

Dr. Mr. Mrs. Ms.

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

Mailing Address: _____ () _____
(Street/Suite) (City/State/Zip) (Home Phone)

PROFESSIONAL INFORMATION: _____
(Practice/School/Company/Agency) (License(s) & Numbers)

Office Phone: () _____ Ext _____ Fax: () _____

Cell Phone: () _____ E-Mail: _____

Current Memberships: _____ ACA _____ TCA Other: _____

Please list/describe below the areas of specialty/information that you would like listed in the upcoming directory:

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

_____ Legislative	_____ Programs	_____ Nominations/Elections	_____ By- Laws	_____ Speaker's
_____ Hospitality	_____ Membership	_____ Finance/Budget	_____ Awards	Bureau
_____ Ethics	_____ PR/Marketing	_____ Writing Articles	_____ Newsletter	

Annual membership dues for the 2008-2009 year are:
_____ \$20.00 Professional Member
_____ \$15.00 Student (Professor's Signature Required)
_____ \$10.00 Affiliate

Are you a ___ new member or a ___ renewing member?

Please make checks payable to DMCA and send to:

Cynthia Shinoda
9514 Hillview Drive
Dallas, TX 75231

Your dues will pay for the membership year,
7-01-08 through 6-30-2009

For office use only

Method of payment: ___ Cash ___ Check (# _____)