



VIRGINIA COUNSELORS ASSOCIATION 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.

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

Professional Member: 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.

Regular Members: 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.

New Professional Member: 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.

Retired Member: 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.

Student Member: 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.

Title	Name (First, Middle, Last)*		
Former Last Name	Suffix	Degree/Designee (If degree or license name is used after last name)	
Mailing Address*			
City*	State*	Zip*	
Preferred Phone*	Mobile Phone	Work Phone	
Preferred Email*	Alternate E-mail		

<p><u>VCA MEMBERSHIP DUES*</u></p> <p>ANNUAL DUES* <i>Check the membership category that applies</i></p> <p><input type="checkbox"/> \$75 Professional/Regular <input type="checkbox"/> \$30 New Professional <input type="checkbox"/> \$30 *Student <input type="checkbox"/> \$40 Retired</p> <p><u>NOTICE OF NONDEDUCTIBILITY:</u> Contributions, gifts, or payments to VCA are not deductible as charitable contributions for Federal income tax purposes. However, they may be deductible as ordinary and necessary business expenses. VCA estimates that 17% of annual dues are allocated for lobbying expenses which are nondeductible contributions for Federal income tax purposes.</p> <p><u>Verification of Student Status:</u> (Required for Student Rates*)</p> <p>I certify that the applicant named above is currently engaged in at least nine credits hours of undergraduate work in a counseling education program or enrolled in an advanced counseling degree curriculum during this academic year.</p> <p>Faculty Name _____ College _____ Faculty Email _____ Faculty Phone _____ Faculty Signature _____ Date _____</p>	<p><u>TO JOIN A CHAPTER OR DIVISION YOU MUST ALSO JOIN VCA.</u></p> <p><u>CHAPTER DUES</u> (Circle the Chapter(s) you wish to join.)</p> <table style="width: 100%;"> <tr><td>AV</td><td>Apple Valley</td><td>\$20.00</td></tr> <tr><td></td><td>Student/Retired/New Prof</td><td>\$10.00</td></tr> <tr><td>CV</td><td>Central Valley</td><td>\$8.00</td></tr> <tr><td></td><td>Student/Retired</td><td>\$4.00</td></tr> 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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.

Maiden Name	Year of Birth	Highest Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Other _____	Number of Professional Memberships Outside VCA, Chapters & Divisions <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
Current Position <input type="checkbox"/> School Counselor <input type="checkbox"/> Clinical Counselor <input type="checkbox"/> Counselor Educator <input type="checkbox"/> Counselor Supervisor <input type="checkbox"/> Administrator <input type="checkbox"/> College Student Affairs <input type="checkbox"/> Research/Evaluation <input type="checkbox"/> Student School <input type="checkbox"/> Student Clinical <input type="checkbox"/> Retired <input type="checkbox"/> Other _____ Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary/third gender <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe <small>(Adapted from The Human Rights Campaign)</small>	Certifications Held <input type="checkbox"/> ACS <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 <input type="checkbox"/> QMHP <input type="checkbox"/> Other: _____	Race Please select the racial category or categories with which you most closely identify. Check as many as apply. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Work Settings <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 /Ctr <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Government <input type="checkbox"/> Retired <input type="checkbox"/> Private Practice <input type="checkbox"/> Other _____

PAYMENT* (Must Be Included with Application)

VCA Membership \$ _____

VCA Chapter Choice(s) \$ _____

VCA Division Choice(s) \$ _____

TOTAL PAYMENT \$ _____

VOLUNTARY CONTRIBUTION

VCA Foundation: The Foundation is a charitable 502 (c) 3 tax deductible organization. To make a VCAF donation, please visit their website at www.vcafoundation.org.

CREDIT CARD PAYMENT INFORMATION

☐ Check enclosed
☐ Charge to ___AMEX___VISA___MC___DISC



Account Number _____ Exp Date _____

Name on Credit Card _____ CVC# _____

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 or online
- 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.
- For the Online Application, visit www.VcaCounselors.org
- **Questions?** Call the VCA office at (800) 225-8103 or (757) 766-5466; e-mail vcaoffice@cox.net;
- website - www.VcaCounselors.org