

# New Jersey Counseling Association Membership Application

*A State Branch of the American Counseling Association*



Please fill in the following information completely.

Last Name	First Name	Mi	Degrees, Certifications	LPC# (if applicable)
Home Address (Street, Box, Apt.)			College or University Affiliation	
City	State	Zip	Specialty Areas	
County			Languages Spoken	
Home Phone		Home Fax		
Business Name and Address (Street, Box, Apt.)			Website Directory _____	
City	State	Zip	<p><b>OPTIONAL: Clinicians please respond</b></p> <p>Do you accept referrals? Yes _____ No _____</p> <p>Handicap Accessible? Yes _____ No _____</p> <p>Do you provide Supervision? Yes _____ No _____</p>	
County				
Business Phone		Business Fax		
E-mail Addresses				

**NJCA Professional Membership Active**

\$100.00 \_\_\_\_\_

**NJCA Associate Membership** (Non-counselor / Student) [circle one]

\$25.00 \_\_\_\_\_

**NJCA Associate Membership** (Retired)

\$20.00 \_\_\_\_\_

Affiliate Division:

One affiliate is included with no additional charge. Each additional affiliation is \$10.00.

Initials of free Primary Affiliate from choices below \_\_\_\_\_

Free

Initials of Additional affiliations: \_\_\_\_\_  
(\$10.00 each)

Quantity \_\_\_\_\_ X \$10.00 \_\_\_\_\_

- |             |  |
|-------------|--|
| NJMHCA      | NJ Mental Health Counselors Association                                  |
| NJSCN       | NJ School Counseling Network   |
| NJAADA      | NJ Association for Adult Development and Aging                           |
| NJAMC       | NJ Association for Multicultural Counseling                              |
| NJASERVIC   | NJ Association for Spiritual, Ethical and Religious Values in Counseling |
| NJASGW      | NJ Association for Specialists in Group Work                             |
| NJCDA/NJECA | NJ Career Development Association & NJ Employment Counseling Association |

PAYMENT Check box beside the appropriate fee, and make check payable to NJCA. Or, pay via credit card

Visa  MasterCard Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on credit card \_\_\_\_\_

Authorized signature \_\_\_\_\_

Send application and payment to: NJCA, PO Box 72, Ocean Grove, NJ 07756  
For questions visit our website at: <http://www.njcounseling.org> or  
email [s.henrylyons@worldnet.att.net](mailto:s.henrylyons@worldnet.att.net)  
Phone# 732-988-3583 Fax# 732-988-1773

Total Due \_\_\_\_\_

Renewal Date _____	Code _____
(Administration Purposes Only)	