

TCA Membership

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Membership Form



TENNESSEE COUNSELING ASSOCIATION
 A Branch Of The American Counseling Association

Ms. **Name:** _____
 Mrs. _____ Last _____ First _____ MI _____
 Mr. **Job Title** _____ **Organization/Company:** _____
 Dr. _____
 New Application Renewal

Membership Type: * The applicant has retired from a counseling position and is working less than 15 hours per week.
 Professional/Regular ** 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 rate of \$25 per year.)
 Retired*
 Student** *** The applicant graduated within the last year with a degree in counseling (first year membership is half price but requires a copy of the applicant's transcript or written statement from Professor)
 New Professional***

Signature of Professor: _____ Name: _____ Institution: _____ Date: _____

Contact Information Do not publish my address information in the Directory Do not release my information to any mailing service

Email Address: _____ @ _____ Secondary Email: _____ @ _____ Twitter: _____ Facebook: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Birthday: _____

Home Address: _____ City, State, Zip: _____

Chapter and Division / Organizational Affiliates (In Alphabetic Order)

Additional Chapters \$20.00

- CCA Cumberland Counseling Assn
- LCA Lookout Counseling Assn
- MPCA Martha Polk Counseling Assn
- MTCA Middle Tennessee Counseling Assn
- SMCA Smoky Mountain Counseling Ass
- SCCA South Central Counseling Assn
- STCA South Tennessee Counseling Assn
- WCA Watauga Counseling Assn
- WTCA West Tennessee Counseling Assn

Additional Divisions \$25.00

- TACES Tennessee Assn of Counselor Educators
- TAMCD TN Assn for Multicultural Counseling & Dev.
- TMHCA Tennessee Mental Health Counselors Assn.
- TSCA Tennessee School Counselors Assn.

Please Note:

Your annual membership fees of \$95.00 include membership in the state organization, one local chapter in your geographic area, and one division or affiliate of your choice. If you would like to add additional chapters or divisions/affiliates, place a checkmark beside your selection and add the additional \$20 per chapter or additional \$25 per division or affiliate to your payment.

Affiliates \$25.00

****Affiliate Divisions (less than 40 members)**

- **ALGBTICTN Assn for LGBT Issues in Counseling in TN
- **TAMFC TN Assn of Marriage & Family Counselors
- **TCCA Tennessee College Counseling Assn
- **TCDA Tennessee Career Development Assn
- **TAADA TN Assn of Adult Development & Aging
- **TAAOC TN Assn of Addiction & Offender Counseling
- **TRCA TN Rehabilitation Counselors Assn
- **TASGW TN Assn for Specialists in Group Work

| Please Check All That Apply | | |
|--|-------------------------------|--|
| Volunteer Committees | Licensure | How did you hear about us? |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> LPC | <input type="checkbox"/> Member |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> MHSP | <input type="checkbox"/> College Professor |
| <input type="checkbox"/> Finance | <input type="checkbox"/> LMFT | <input type="checkbox"/> Online |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> LCSW | <input type="checkbox"/> Other |
| <input type="checkbox"/> Membership | | |
| Program | Certification | Are you Currently A Member Of: |
| <input type="checkbox"/> Public Policy | <input type="checkbox"/> NCC | <input type="checkbox"/> ACA |
| <input type="checkbox"/> Publications | <input type="checkbox"/> NCSC | <input type="checkbox"/> TEA |

Would You Like To Be Included On Email List? Yes No

Dues Computation:

***TCA Dues includes one chapter and one division or affiliate as checked above.**

TCA Professional Membership * \$95.00

Student Member Rate: \$25.00

Retired Or New Professional Rate \$47.50

Additional Chapter Dues Only: \$ _____

Additional Division Dues Only: \$ _____

Total Amount Due \$ _____

Select One

- Please remind me of my renewal date by email
- Please remind me of my renewal date by regular mail

Payment Information:

Check enclosed Check Number: _____
 Card Type: Visa, MC, Amex, Discover, Etc. _____ CC # _____ Exp. _____ 3-digit code: _____
 Name Printed on Card: _____ Billing Address: _____
 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 _____

TCA... your Professional Association!
 Renew online at www.tncounselors.org