MEMBERSHIP APPLICATION
MICHIGAN COUNSELING ASSOCIATION and Divisions

120 N. Washington Sq.,
Suite 110A
Lansing, MI 48933
Phone: 800.444.2014

❶ About You!

Please list the address you'd like included in the MCA Directory and used for MCA mailings.

❑ I am a **new** MCA Member.

❑ I am renewing my MCA membership.

Name _____

Address _____ ❑ Business ❑ Home

City _____ State _____ Zip _____

Employer _____

Home Phone _____ Work Phone/Ext. _____

e-mail address _____

Comment/Other _____

Credentials

❑ LPC ❑ LLPC
❑ NCC ❑ LLP
❑ MSW ❑ School Counselor
❑ Teacher Certification
❑ Other

❷ MCA Membership

MCA Dues are 98% Tax Deductible

Please check the box next to the desired membership type. **See below** for Membership Types; Student and Emeritus Requirements. **Enter the appropriate amount in the Total column.**

Michigan Counseling Association

		MEMBERSHIP DUES		Amount (Please print)
		❑ REGULAR ❑ ASSOCIATE $75.00	❑ STUDENT ❑ EMERITUS $37.50	
MCA Member Merchandise:	Member Certificate	$3.00		
	Cloisonne Pin	$5.00		
	T-Shirt Circle Size: **L XL XXL XXXL**	$12.00		
			Section 2 Subtotal:	

Membership Types

Regular: Anyone engaged in counseling, guidance, and/or personnel services.

Associate: Anyone interested in counseling, guidance and personnel services, but not actively engaged in such activities

Student: Anyone enrolled in an approved graduate program in counseling, guidance or personnel services

Emeritus: Anyone retired from the counseling field.

Student Requirement

Members may pay student rates for one year following graduation.

College or University Name _____ Expected Graduation Date _____

An instructor in your major must sign. *I certify the applicant is engaged in studies in counseling and/or human services.*

Professor's Signature _____

Professor's Name (print) _____

Emeritus Requirement

My signature below indicates that I am retired from the counseling field.

Applicant's Signature _____

❸ Division Membership

MCA Members must join at least one (1) Division.
Please enter amount in the Total column.

		DIVISION DUES		Amount (Please print)
		Regular or Associate	Student or Emeritus	
Association of Michigan School Counselors	AMSC	$15.00	$7.50	
Michigan Association for Clinical Counseling	MACC	$10.00	$5.00	
Michigan Association for Counselor Education & Supervision	MACES	$5.00	$2.50	
Michigan Association for Humanistic Education and Development	MAHEAD	$4.00	$2.00	
Michigan Association for Multi-Cultural Counseling and Development	MAMCD	$7.00	$3.50	
Michigan Association for Marriage & Family Counseling	MAMFC	$10.00	$5.00	
Michigan Association for Specialists in Group Work	MASGW	$15.00	$5.00	
Michigan College Counseling Association	MCCA	$10.00	$5.00	
Michigan Career Development Association	MCDA	$10.00	$5.00	
Michigan Employment Counselors Association	MECA	$7.00	$3.50	
Michigan Mental Health Counselors Association (800.98MMHCA)	MMHCA	$75.00	$50.00 Students Only	

Important Note: Rates valid through June 30, 2008 - contact MCA for updated form after June 30th.

Section 3 Subtotal: _____

❹ Total Payment

Add the subtotals from Sections ❷ and ❸. Enter the sum here ➡ _____

❑ My Check is enclosed. **Make Checks Payable to the Michigan Counseling Association**

❑ I hereby authorize MCA to charge my dues. ❑ Visa ❑ Mastercard Expiration Date: Month ☐☐ Year ☐☐

Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature _____ Date _____

Credit Card Payments may be faxed to: 517.371.1170

❺ Membership Oath

Membership in MCA means that you agree to abide by the MCA Bylaws and other governing documents, as well as the American Counseling Association Code of Ethics.

Please accept my application. I subscribe to the purposes and meet requirements of the Association and Division(s) to which I am applying.

Signature of Member/Applicant _____ Date _____

MCA Member Benefits include two issues of the award-winning journal *Dimensions of Counseling*, four issues of the *Quest* newsletter, discounted rates for Conferences and Professional Development activities, legislative advocacy, and other services from MCA Committees.