

CAPITAL DISTRICT COUNSELING ASSOCIATION

A Chapter of the New York Counseling Association

MEMBERSHIP APPLICATION

2009 – 2010

New Member _____ **Renewal** _____ **Date** _____

Name _____

Job Title _____

Place of Employment _____

Work Website: _____

Work Address

Home Address

City State Zip code

City State Zip code

Phone _____

Phone _____

Email _____

Email _____

Mailing Address Home ____ Work ____

Committee Interest

_____ College Fair
_____ Elementary School Counselors
_____ High School Counselors
_____ Legislative
_____ Membership
_____ Middle School Counselors
_____ Newsletter / Publications

_____ Nominations / Elections
_____ Program / Professional
Development
_____ Publicity / Public Relations
_____ Scholarships
_____ Strategic Planning
_____ Sunshine

Are you a member of the American Counseling Association (ACA)? Yes ____ No ____

Membership Dues *Membership year July 1, 2009 – June 30, 2010*

Regular Member (One Year) \$20 _____

Retired Member \$10 _____

Student Member \$10 _____

Emeritus Member _____

Mail to: **CDCA**
PO Box 13174
Albany, NY 12212

Checks Payable to CDCA