



# VIRGINIA COUNSELORS ASSOCIATION 2009 MEMBERSHIP APPLICATION

(Effective 1/1/09)



Complete and submit both pages OR join on-line at [www.vcacounselors.org](http://www.vcacounselors.org)

Full Name:		
Business Name: <i>(Only if part of mailing address)</i>		
Street Address:		
City:	Zip Code:	
Home Phone:	Business:	Ext.
Fax:	E-Mail:	

## VCA MEMBERSHIP

### **ANNUAL DUES**

*Check the membership category that applies*

- \$70 Professional/Regular
- \$25 \*Student
- \$35 Retired

### **\*REQUIRED FOR STUDENT MEMBERSHIP RATES\***

I certify that the applicant named above is currently engaged in at least nine credit undergraduate hours in a counseling education program or enrolled in an advanced counseling degree curriculum during this academic year.

\_\_\_\_\_  
**Instructor's Signature**                      **Date**

### **NOTICE OF NONDEDUCTIBILITY:**

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 10% of annual dues are allocated for lobbying expenses which are nondeductible contributions for Federal income tax purposes.

## CHAPTER DUES

Circle the chapter(s) you wish to join (limit 5).  
**OPTIONAL, BUT YOU MUST JOIN VCA TO BELONG TO A CHAPTER.**

<b>AV</b>	<b>Apple Valley</b>	<b>\$5.00</b>
	Retired	<b>\$2.50</b>
<b>CV</b>	<b>Central Valley</b>	<b>\$8.00</b>
	Student/Retired	<b>\$4.00</b>
<b>HR</b>	<b>Hampton Roads</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
	(Norfolk, VA Beach, Portsmouth, Chesapeake areas)	
<b>JF</b>	<b>Jefferson</b>	<b>\$8.00</b>
	Student/Retired	<b>\$4.00</b>
<b>LY</b>	<b>Lynchburg</b>	<b>\$8.00</b>
	Student	<b>\$5.00</b>
	Retired	<b>\$4.00</b>
<b>NR</b>	<b>New River Valley</b>	<b>\$5.00</b>
	Student/Retired	<b>\$2.50</b>
<b>NV</b>	<b>Northern Virginia</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>PN</b>	<b>Peninsula</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
	(Hampton, Newport News, York County, Williamsburg, James City, Gloucester, Poquoson areas)	
<b>PW</b>	<b>Prince William</b>	<b>\$15.00</b>
	Student	<b>\$5.00</b>
	Retired	<b>\$7.50</b>
<b>RH</b>	<b>Rappahannock</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>RI</b>	<b>Richmond</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>RO</b>	<b>Roanoke</b>	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>SW</b>	<b>Southwest</b>	<b>\$20.00</b>
	Student	<b>\$4.00</b>
	Retired	<b>\$10.00</b>
<b>WT</b>	<b>Western Tidewater</b>	<b>\$10.00</b>
	Retired/Student	<b>\$5.00</b>

## DIVISION DUES

**Circle the division(s) you wish to join (OPTIONAL, BUT YOU MUST JOIN VCA TO BELONG TO A DIVISION)**

<b>VCCA</b>	Clinical Counselors Alliance	
	Professional/Regular	<b>\$20.00</b>
	Student/Retired	<b>\$10.00</b>
<b>VACES</b>	Counselor Ed./Supervision	
	Professional/Regular	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>VAMCD</b>	Multicultural Counseling & Development	
	Professional/Regular	<b>\$5.00</b>
	Student/Retired	<b>\$2.50</b>
<b>VSCA</b>	School Counselor Association	
	Professional/Regular	<b>\$20.00</b>
	Student/Retired	<b>\$10.00</b>
<b>VASGW</b>	Specialists in Group Work	
	Professional/Regular	<b>\$5.00</b>
	Student/Retired	<b>\$2.50</b>
<b>VCDA</b>	Career Development Association	
	Professional/Regular	<b>\$10.00</b>
	Student/Retired	<b>\$5.00</b>
<b>VA-ASERVIC</b>	Spiritual, Ethical, & Religious Values in Counseling	
	Professional/Regular	<b>\$5.00</b>
	Student/Retired	<b>\$2.50</b>
<b>VAMFC</b>	Marriage & Family Counselors	
	Professional/Regular	<b>\$10.00</b>
	Student/Retired	<b>\$ 5.00</b>

**INFORMATION ABOUT YOU** (Optional)

VCA is interested in finding out about you, your needs, and ways the association can provide services that will best serve you. Please complete the following information that will remain part of your private member record. Completion of all or part of this section is OPTIONAL-it is utilized to develop membership profiles to evaluate services and benefits to best suit our members.

**CURRENT POSITION**

- 1  Counselor
- 2  Counselor Supervisor
- 3  Counselor Educator
- 4  Administrator
- 5  College Student Affairs
- 6  Research/Evaluation
- 7  Student
- 8  Retired
- 9.  Other: \_\_\_\_\_

**EDUCATION**

- (highest earned degree)
- Doctorate
  - Education Specialist
  - Master's
  - Bachelor's
  - Other

**GENDER**

- Male
- Female

**BIRTH YEAR** \_\_\_\_\_

**CERTIFICATION(S) HELD**

- NCC
- NCCC
- NCSC
- NCGC
- CCMHC
- LPC
- CRC
- LMFT
- MAC
- Other

**WORK SETTING**

- 1  Elementary School
- 2  Middle/Junior H.S.
- 3  Secondary/Senior H.S.
- 4  Junior/Community College
- 5  College/University
- 6  Rehabilitation Prgm/Agency
- 7  Correctional Facility
- 8  Private Practice/Counseling Ctr.
- 9  Community Agency
- 10  Vocational/Technical School
- 11  Military Installation
- 12  Career Development Prgm/Ctr.
- 13  Parochial/Proprietary Institution
- 14  Association/Foundation
- 15  Business/Industry
- 16  Government
- 17  Retired

**ANNUAL INDIVIDUAL INCOME**

- \$9,999 or less
- \$10,000-19,999
- \$20,000-29,999
- \$30,000-39,999
- \$40,000-49,999
- \$50,000-59,999
- \$60,000-69,999
- \$70,000-79,999
- \$80,000-89,999
- \$90,000-99,999
- \$100,000 or more

**PROFESSIONAL MEMBERSHIP(S)**

If applicable, how many other associations do you belong?  
 1  2  3 or more

*The VCA will not knowingly engage in any activities that discriminate on the basis of race, gender, color, religion, national origin, sexual orientation, disability, or age.*

**PAYMENT**

VCA Membership \$ .....

VCA Chapter Choice(s) \$ .....

VCA Division Choice(s) \$ .....

**VOLUNTARY CONTRIBUTIONS**

VCA Foundation \$ .....

The Foundation is a charitable 501(c)3 tax deductible organization.

VCA Challenge Fund \$ .....

State Board of Elections  
 Registration No. 910254

Other: \_\_\_\_\_ \$ .....

**Total Payment** \$ .....

**PAYMENT INFORMATION**

Check enclosed

Charge to: \_\_\_ AMEX \_\_\_ VISA \_\_\_ MC



Account No. \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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.**

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. Please fax to: (757) 766-5467. Payment for dues and contributions may be combined for VCA, chapters, divisions, regions, the Challenge Fund, and the VCA Foundation. For questions call the VCA office at (800) 225-8103 or (757) 766-5466 or e-mail vcaoffice@cox.net.