



# American College of Counselors Membership Application

## MEMBERSHIP INFORMATION

(Please print or type all information)      Circle one:    Dr.   Prof.   Rev.   Mr.   Mrs.   Ms.   Other \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Highest Degree \_\_\_\_\_ Educational Institution: \_\_\_\_\_

Referred by \_\_\_\_\_

Send a copy of your official degree and transcript.  
If a license is required by the jurisdiction in which you practice, please provide license #, state and a copy of your license.

License # \_\_\_\_\_ State of \_\_\_\_\_

Supervised Clinical Experience: 1,500 hours is required for clinical members.    When: \_\_\_\_\_    Where: \_\_\_\_\_

## MEMBERSHIP CATEGORIES

Check one of the following levels of membership. Check only one box. A complete resume and copy of license (if applicable) is required.

<input type="checkbox"/> <b>Fellow:</b>	Annual dues \$120
<input type="checkbox"/> <b>Diplomate:</b>	Annual dues \$120
<input type="checkbox"/> <b>Clinical Member:</b>	Annual dues \$100
<input type="checkbox"/> <b>International Clinical Affiliate Member:</b>	Annual dues \$100
<input type="checkbox"/> <b>Clinical Member-in-Training:</b>	Annual dues \$75
<input type="checkbox"/> <b>Associate Member:</b>	Annual dues \$50
<input type="checkbox"/> <b>Student Member:</b>	Annual dues \$25
<input type="checkbox"/> <b>Fellowship of Christian Counselors:</b>	Annual dues \$50
Other Certifications:	
<input type="checkbox"/> <b>Professional Counselor Certification</b>	Annual dues \$150

### Certification

If you are a Clinical Member, Diplomate or Fellow Member, you may apply for Certification in Clinical Supervision.

Board Certified in Clinical Supervision: \$150

## PAYMENT PROCESSING

**Payment must accompany application. Certification for Clinical Supervision has an annual renewal rate of \$50, which is in addition to your membership card. Certificates will be issued upon full payment.**

Check Enclosed     Money Order (Please make checks payable to: American College of Counselors)

I certify that the above information is true and correct and I am not misleading or providing false information to the American College of Counselors (ACC). I may be asked to provide additional documentation. I understand that ACC reserves the right to verify any and all of the information I provide. If I would misrepresent my credentials, refuse to provide documentation at a later time if asked or allow my membership in ACC to lapse, I understand and agree that my status will be revoked and my membership terminated. I agree to hold harmless and indemnify ACC and its officers, directors, employees and agents for any misrepresentation of my credentials and for all claims, loss, damage, judgment expense. I certify that I have not been convicted of a felony. I have not been disciplined for any ethical violation on the past 10 years nor am I under investigation by any legal authority or licensing board. If any of the above is not true, please provide a separate letter of explanation. ACC does not endorse, guarantee or warrant the work or opinions of any individual member. Membership does not imply licensing by the organization of a member's qualifications, abilities or expertise. The objective of the ACC's publications and the activities that it sponsors is for informative and educational purposes. The views expressed by the authors, publishers or presenters are their own and do not necessarily reflect those of the ACC. The ACC does not assume any responsibility or liability for its members or subscriber's efforts to apply or utilize the information, suggestions or recommendations made by the organization, publication resources or activities.

\_\_\_\_\_  
Full Name (Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed application to:  
Dr. Paul F. Wohlfeil, c/o ACC  
273 Glossip Ave. • Highlandville, MO 65669  
Phone (417) 885-7632 • <http://www.accnow.org>**