



MACOMB COUNTY
COUNSELING ASSOCIATION

Membership Application, 2010-2011

Name: _____

School or Agency: _____

Work Address: _____

Title: _____

Phone: _____

Email: _____

Home address: _____

MEMBERSHIP CATEGORIES (Check One):

Professional Membership (\$20.00) Anyone engaged in community/agency or private practice counseling activities

Affiliate Membership (\$20.00) Anyone interested in counseling, not eligible for other types of membership

Emeritus Membership (\$15.00) Anyone retired from the counseling profession

Student Membership (\$10.00) Anyone enrolled in an approved graduate program in counseling.

Student Membership Requires Signature from Professor _____

*Make check payable to: **Macomb County Counseling Association***

Mail to: Cheryl Focht
Wyandot Middle School
39490 Garfield
Clinton Township, MI 48038

Questions? Call Cheryl at: 586-723-4240

TREASURER ONLY

Date _____

Check _____

Cash _____

Receipt _____

Membership Card _____

~Macomb County School Counselors may use van mail to submit payment~