



MCCA MEMBERSHIP APPLICATION

Personal Information

Last Name _____
 First Name _____
 Middle Initial _____
 Home address _____
 Phone _____
 Email _____

Professional Information

Place of employment _____
 Office Address _____
 Phone: W _____ Cell _____
 Email _____
 Fax _____
 Work setting _____
 Website: _____
 Are you a member of AMHCA? Yes ___ No ___

Education Information

University or college where you obtained degree: _____
 List degrees you have _____
 List Licenses/Certification and numbers you hold _____
 List professional membership(s) you hold _____
 Is your license or certification presently under review or suspension? Yes ___ No ___

Types of Membership

PROFESSIONAL (voting) \$60. Annually

Applicants certify that they meet the standards of entry-level professional recognition as a clinical counselor, have a master's degree in mental health counseling or a closely related field from an accredited institution of higher learning. Includes the following licenses: LCPC, LCSW, LMFT, Licensed Pastoral Counselor, Clinical Psychologist and all conditional clinical licenses.

NEW PROFESSIONAL (voting) \$30.

A conditional professional (LCPC, LCSW, LMFT, Licensed Pastoral Counselor, Clinical Psychologist) in their first year of practice only.

ASSOCIATE (Non-Voting) \$30. Annually

Applicants include bachelor or masters level without clinical licensure: LPCs, case managers, and retired counselors.



APPLICATION CONTINUED

STUDENT (Non-Voting) \$15. Annually

Any student who is enrolled in a graduate degree program in mental health counseling or related field is eligible to become a student member for a period not to exceed four years.

Student Applicants Must Complete the Following:

Institution in which you are presently enrolled: _____

Degree you plan to obtain: _____

Year you plan to graduate: _____

Please Have a Faculty Supervisor Sign Below:

FACULTY MEMBER SIGNATURE _____

Become a MCCA and AMHCA member today!

We encourage counselors to join the American Mental Health Counselors America (AMHCA), which includes membership in MCCA because there is a unified dues agreement that provides a 20% discount (\$48.00 savings) for professional members. To join both go to www.amhca.org/join or Call 1-800-326-2642 x103 or send an email to Imorano@amcha.org for more information.

Areas of Interest

I am interested in joining one or more of the following MCCA Committees:

- Media Professional Development PR Legislative Membership

Mailing Payment

Please enclose this application with your check made out to Maine Clinical Counselors Association to:

Maine Clinical Counselors Association
P O Box 2563
Waterville, ME 04903