



National Association of Christian 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 _____

How did you hear about NACC? _____ Date of Birth _____

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"/> Professional Member <i>(Has a doctorate in an acceptable field or is a doctoral candidate approved by the NACC Board of Directors)</i>	Annual dues \$100
<input type="checkbox"/> Full Member <i>(Holds at least a master's degree or has at least 15 credit hours towards a Master's Degree)</i>	Annual dues \$75
<input type="checkbox"/> Member <i>(Has or is working on undergraduate degree in a counseling related field or equivalent.)</i>	Annual dues \$50
<input type="checkbox"/> Associate Member <i>(This is a supporting membership and one need only be a Christian supporting the NACC and receive a certificate)</i>	Annual dues \$25
<input type="checkbox"/> Student Member <i>(Persons enrolled in an NACC approved undergraduate or counseling related program)</i>	Annual dues \$15

CERTIFICATION

If you are a Professional, Full Member or Member, you may apply for Board Certification

Board Certification \$600

PAYMENT PROCESSING: Payment must accompany this application

Check Enclosed Money Order (Please make payments out to National Association of Christian Counselors)

I certify that the above information is true and correct and that I am not providing false or misleading information. I may be asked to provide additional documentation and will present it upon request. I certify that I have not been convicted of a felony or had a license suspended within the last ten years. I release NACC from any liability and will forfeit my credentials should any information be found to be false without refund.

Signature: _____ Date: _____