



Houston Counseling Association Membership Application

Date: _____

Please mail application and check to HCA: P.O. Box 22069, Houston, TX 77227

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Title	LPC#
_____	_____	_____	_____	_____
Home Street Address	Home Phone	Home Fax		
_____	_____	_____	_____	
City	State	Zip		
_____	_____	_____		
Home Email	Business Email			
_____	_____	_____		
Business or School Name	District	Business Phone		

Please check if you do not wish your name to be included in the directory.

Circle Information:

Membership Type: New Past Renewal

Current Memberships: TCA ACA TSCA

Membership Fees: Professional - \$25 Student - \$10 Retired - \$15

Make check payable to HCA

Optional donation to HCA Scholarship Fund: _____

Total Amount: _____

Please consider volunteering for one or more of the following committees:

Awards	Nominations/Elections
Community Service	Professional Development
Historian/ Scrapbook	Scholarships
Hospitality	Silent Auction
Invitations/Mailings	Website
Membership	Legislative Liaison

Membership period begins July 1st and ends June 30th of the following year.