



# Houston Counseling Association Membership Application

Application Date \_\_\_\_\_

**Please enter all information and mail (along with your check) to : HCA, P.O. 22069, Houston, TX 77227**

Last name	First name	MI	Title	LPC #
Home Street Address		Home Phone #		Home Fax #
Home City	State	Zip	Business Fax #	
Home Email Address		Business E-mail Address		
Business or School Name	District	Business Phone #	Ext. #	
Business Address	City	State	Zip	

Circle Membership Type:  
New Past Renewal

Circle Current Memberships:  
TCA ACA

Circle Membership Fee:  
Professional \$20.00  
Student \$10.00  
Retired \$10.00

Make check payable to HCA.  
Thank you!

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