Colorado Counselor Association

Membership Application Form

Please Check One: New Member ☐ Renewing Member ☐

Name _____Licenses and/or Certifications _____

Address _____
Street Address City Zip Code

Phone _____Email _____

Date _____ Highest Degree _____

I am joining/renewing CCA as a (Please Check One):
Professional ☐ Regular ☐ Student Member ☐

Colorado Counseling Association

Professional & Regular Membership
$ _____ $60 (Professional and Regular

Student Membership
$_____ $30 (Student and Retired)

Division Dues – Professional/Regular & Student Dues

Colorado Career Development Association (CCDA)

$ ____ CCDA $50 (Professional) $ ____ CCDA $20 (Student)

Colorado Licensed Professional Counselors Association (CLPCA)

$ ____ CLPCA $10 (Professional) $ ____ CLPCA $5 (Student)

$ _____ Total Dues

Student Member Required Signature: The above person is enrolled in at least half-time (as defined by the school's criteria) in a college or university counseling program.

Department Chair or Advisor _____

College or University _____

Please send this form and check to: Colorado Counseling Association
1508 Lakeside Drive
Greeley, CO 80631