



A Chapter of the American Mental Health Counselor Association (AHMCA)

MEMBERSHIP APPLICATION/RENEWAL
PLEASE COMPLETE AND MAIL TO THE APPROPRIATE ADDRESS BELOW.

DATE SUBMITTED _____
LAST NAME _____ FIRST NAME _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
NAME OF EMPLOYMENT SITE _____ POSITION _____
WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE (PREFERRED) _____ OTHER _____
EMAIL ADDRESS _____ WORK COUNTY _____
CERTIFICATIONS: _____
LICENSES: _____

Check which mostly closely resemble resembles your practice:

Private Agency School Hospital Other

MEMBERSHIP OPTIONS

AMHCA/WVLPCA UNIFIED DUES \$207 Provides membership in both organizations.

Make Check Payable to AMHCA – Mail to: AMHCA 675 N Washington Street, Suite 470
Alexandria, VA 22314

- CLINICAL MEMBERSHIP (LPC'S ONLY) \$75**
- ASSOCIATE MEMBERSHIP \$40**
- STUDENT MEMBERHSIP \$5** (Must have school/professor information completed to be able to utilize this option) College or University _____
Professor Signature _____ Prof Phone # _____ Date _____
- RETIRED MEMBERSHIP \$25** (If you are willing to serve on a committee, this fee will be waived. Just e-mail us and let us know you are interested.)

Signature of referring member _____

PAYMENT OPTIONS

WVLPCA Memberships: Make check payable to WVLPCA and Mail to PO Box 9541 Huntington, WV 25704

To pay with a credit card Please visit our website WVLPCA.org.

If you encounter any problems paying online please contact Carrie Underwood at wvlpca@gmail.com