



# Mobile Licensed Professional Counselors Association

P.O BOX 161305 • MOBILE, ALABAMA 36616

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ TELEPHONE NUMBER: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PREFERRED MAILING ADDRESS: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

POSITION: \_\_\_\_\_

GRADUATE DEGREE OR DIPLOMA: \_\_\_\_\_

INSTITUTION AND YEAR \_\_\_\_\_

PROFESSIONAL EXPERIENCE: \_\_\_\_\_

AREAS OF COMPETENCY: \_\_\_\_\_

MEMBERSHIP TYPE (please check one)

Licensed Professional Counselor  Certified Counselor Associate of  
(please include copy of license) \_\_\_\_\_

(please include copy of certificate)

Student Signature of Professor \_\_\_\_\_

Please include \$35.00 application fee (Student \$25.00) and forward to MLPCA, Board of Directors, P.O.Box 161305, Mobile, AL 36616. You will be notified regarding your membership application once the Board of Directors reviews it. If your application is accepted, a membership certificate will be forwarded to you. The application fee is non-refundable.

I agree to abide by the By-Laws adopted by the Executive Committee on March 12, 1983 and amended by the Board of Directors on April 17, 1997, and to support the Mobile Licensed Professional Counselors Association, Inc. in promoting the counseling profession.

Signature: \_\_\_\_\_

(please feel free to attached more information if needed)

With my signature above, I agree to allow my address to be used on the Web page and to be given by the MLPCA Board for information purposes only.

Yes \_\_\_\_\_ No \_\_\_\_\_