

Membership Application

*Last Name		*First Name	
*Preferred Mailing Address		*City	*State
*Preferred Phone		Alternate Phone	
*Email		<input type="checkbox"/> Grad M <input type="checkbox"/> Grad D Expected Graduation _____	
<input type="checkbox"/> LPC <input type="checkbox"/> LPCC <input type="checkbox"/> LPCC-S <input type="checkbox"/> School Counselor <input type="checkbox"/> CT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A <input type="checkbox"/> LCDC II <input type="checkbox"/> LCDC III <input type="checkbox"/> LICDC		*Membership Status	
*Professional License (select as many as apply)		<input type="checkbox"/> New <input type="checkbox"/> Renewal	
<input type="checkbox"/> A – Professional \$90 <input type="checkbox"/> B – Student \$25 <input type="checkbox"/> C – Insured Student \$25* Est Grad Date: _____ <input type="checkbox"/> D – Retired \$40 (*includes liability insurance for one year)			
<input type="checkbox"/> E – Associate (holds no counseling credential) \$90 <input type="checkbox"/> F – Lifetime \$900 <input type="checkbox"/> G – New Professional (first year licensed) \$50			
*OCA Membership Type (Subscription period is 1 year with no recurring payments; Lifetime subscription period is <i>unlimited</i> .)			

* Denotes required field.

OCA Chapter Membership (required): Please select only one. Chapter membership is free and included with your membership fee. Not sure what chapter to join? Refer to our chapter map here: <http://ohiocounseling.org/page-863985>.

- COCA – Central Ohio Counseling Association
- EOCA – Eastern Ohio Counseling Association
- GCCA – Greater Cincinnati Counseling Association
- MVCA – Miami Valley Counseling Association
- NCOCA – North Central Ohio Counseling Association
- NWOCA – Northwest Ohio Counseling Association
- SEOCA – Southeast Ohio Counseling Association

OCA Service Areas Where I Would Volunteer my Time:

- OCA Officer
- Chapter/Division Officer
- Social Media/PR
- Awards
- Bylaws
- Ethics/Legal
- Finance
- Government Affairs
- Editor, Journal of Counselor Practice
- Leadership Development
- Membership
- Grad and Doc Student Outreach
- OCSWMFT Board Liaison
- OCA PAC President
- Professional Development

OCA Division Membership (optional): Select one or more, if desired. Additional fees apply (see below).

- OACES – Ohio Association for Counselor Education & Supervision
 - Professional \$20 Student \$10 Retired \$10
- OAMCD – Ohio Association for Multicultural Counseling & Development
 - Professional \$15 Student \$7.50 Retired \$7.50
- OMHCA – Ohio Mental Health Counselors Association
 - Professional \$25 Student \$12.50 Retired \$12.50
- OCDA – Ohio Career Development Association
 - Professional \$25 Student \$15 Retired \$15
- OASERVIC – Ohio Association for Spiritual, Ethical & Religious Values in Counseling
 - Professional \$10 Student \$5 Retired \$5
- ALGBTICO – Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling in Ohio
 - Professional \$10 Student \$5 Retired \$5
- OCCA – Ohio College Counseling Association
 - Professional \$20 Student \$10 Retired \$10
- OASGW – Ohio Association for Specialists in Group Work
 - Professional \$15 Student \$7.50 Retired \$7.50
- OCSJ – Ohio Counselors for Social Justice
 - Professional \$15 Student \$10 Limited Means \$5

Membership Dues: _____
 Division Dues: _____
Total Amount Enclosed: _____

**Make checks payable to:
 Ohio Counseling Association
 3227 Mountview Road
 Columbus OH 43221**

Check here to **opt out** of the OCA listserv