

# Pennsylvania Counseling Association

## *PCA Membership Application*



PENNSYLVANIA COUNSELING  
ASSOCIATION  
*A Branch of the American Counseling Association*

Name as you would like it to appear on your membership card:

\_\_\_\_\_  
Last

### Address

<b>Street</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Phone</b>	
<b>Email</b>	

Are you a current ACA member?    Yes    No

Membership in the PCA means that you will abide by the PCA's by-laws and governing documents, as well as the *ACA Code of Ethics*, and are qualified for the membership category selected.

Signature \_\_\_\_\_

### Membership Type: Please check applicable box

<input type="checkbox"/>	<b>Professional Member: \$60</b> (Carries all privileges) You reside in PA, hold a Master's degree or higher in counseling or related field, and practice as a counselor
<input type="checkbox"/>	<b>First- Year Professional: \$25</b> (Carries all privileges) You were a student member of PCA and now have graduated. You meet all criteria for professional member. <i>Limited to one year.</i>
<input type="checkbox"/>	<b>Associate Member: \$60</b> (Votes but non-office holding) You hold a Master's degree or higher in counseling or related field
<input type="checkbox"/>	<b>Student Member: \$25</b> (Carries all privileges) You are a graduate student in counseling or related field. <i>Limited to three years, 1/2 time students, and faculty verification</i>
<input type="checkbox"/>	<b>Retired Member: \$25</b> (Carries all privileges of prior status) You held professional for Associate membership for two years prior to retirement

\_\_\_\_ New Member or \_\_\_\_ Renewing Member

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

### Nature of Current Employment (circle one)

<b>Student</b>	<b>Hospital</b>
<b>Private Practice</b>	<b>Corrections</b>
<b>School</b>	<b>Other (Specify):</b>
<b>College/University</b>	
<b>Agency</b>	

### Level of Education (circle one)

**Bachelor's**                  **Master's**                  **Doctorate**

\_\_\_\_\_  
Last School Attended or Current School

Course of Study:

Graduation Date:

\*\* Student Members please complete student verification on the back of this application

### Division/Regional/ Affiliate Memberships

<b>PACACS \$10 or \$5 for student/retired:</b> PA Assn of Child & Adolescent Counseling Specialists	
<b>PACES \$10:</b> PA Assn of Counselor Education & Supervision	
<b>PAGLIBTiC \$10:</b> PA Assn of Gay, Lesbian, Bisexual, & Transgender Issues in Counseling	
<b>PAMCD \$5:</b> PA Assn of Multicultural Counseling & Development	
<b>PAMHCA \$50 or \$25 for student/retired:</b> PA Mental Health Counseling Assn	
<b>PASGW \$10:</b> PA Assn of Specialists in Group Work	
<b>PACCA \$10 or \$5 for student:</b> PA College Coun Assn	
<b>PSCA:</b> PA School Counseling Assn contact directly at <a href="mailto:psca50@comcast.net">psca50@comcast.net</a>	
<b>GPCA \$15 or \$5 for student:</b> Greater Pittsburgh Counseling Assn	
<b>NEPCA \$20 Prof, \$15 Reg., \$10 Emeritus, \$8 Stud.</b> Northeastern PA Counseling Assoc.	

**PCA Certificate \$12: Check here**

**Total Amount Enclosed:**

**Make checks payable to/return to:**

Pennsylvania Counseling Association  
P.O. Box 23377  
Alexandria, VA 22304

## Pennsylvania Counseling Association Student Membership Verification

PCA recognizes that student members are an important part of our organization. To be eligible for student membership, you must meet the following criteria:

1. Be attending an institution of higher education in the State of Pennsylvania as a graduate student preparing for professional counseling or a closely related profession [i.e. psychology, social work, medicine (psychiatry), nursing (psychiatric nursing)]
2. Have not exhausted the three-year time limit on student membership
3. Be enrolled at least ½ time
4. Have a verification signed by your academic advisor

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Institution Attending

\_\_\_\_\_  
Advisor Name (Print)

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Advisor Phone

\_\_\_\_\_  
Date

The PCA makes available to carefully selected applicants copies of the mailing list. Mailings are screened to ensure the content is of professional value and meets the high standards of the PCA. If you do not want your name to appear, please initial here: \_\_\_\_\_

**For PCA Office Use:**

Date Entered \_\_\_\_\_ Card Sent \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \_\_\_\_\_

Exp. Date \_\_\_\_\_ Acteva Yes/No

### Some Important PCA Contacts:

**Membership Services**

1-866-519-8166

[pcainfo@counseling.org](mailto:pcainfo@counseling.org)

Contact for: membership status, mailing labels, *PCA, Inc.* advertisements, change-of-address, etc.

**Ethics**

Amy Banner

[banner2@scranton.edu](mailto:banner2@scranton.edu)

Contact for: ethics-related consultation, information on how to file an ethics complaint

**Membership**

Holly Branthoover

[hbranthoover@comcast.net](mailto:hbranthoover@comcast.net)

Contact for: membership information

**PCA Annual Conference**

Jenn Barch

[pca.conference@gmail.com](mailto:pca.conference@gmail.com)

Contact for: information about the PCA's annual conference, incl. how to arrange for exhibit space

**Professional Development**

Michelle Bruno, Ph.D.

[mbruno@iup.edu](mailto:mbruno@iup.edu)

Contact for: continuing education information, filing for CEUs

**Public Relations/Marketing**

Amy Isaac

[ISA6957@calu.edu](mailto:ISA6957@calu.edu)

Contact for: professional questions (licensure, managed care, etc.), requests for advocacy, media-related business, etc.

The PCA's main number is (866) 519-8166 (outside the U.S.: country code is "+1"). Also, be sure to check out the PCA Web site at [www.pacounseling.org](http://www.pacounseling.org). Please visit the site to sign up for the PCA Listserv.