



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 Make Check Payable to AMHCA– Mail to:
AMHCA - 675 N Washington Street, Suite 470 Alexandria, VA 22314
- CLINICAL MEMBERSHIP (LPC'S ONLY) \$75 – RENEW EVERY AUGUST
- ASSOCIATE MEMBERSHIP \$40 RENEW EVERY AUGUST
- STUDENT MEMBERHSIP \$5 RENEW EVERY AUGUST (Must have school/professor information
completed to be able to utilize this option) College or University _____
Professor Signature _____ Prof Phone # _____ Date _____

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