



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 2024 Fairmont, WV 26555

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

If you encounter any problems paying online please contact :

Jennifer Staley at jennifer.staley131980@gmail.com