

**Kentucky Counseling Association**

**TODAY KCA HAS**

More than 1,400 members  
10 Regional Chapters Statewide  
11 Divisions  
2 Interest Sections

**KCA MEMBERSHIP BENEFITS AND SERVICES**

**Continuing Education** – approved CEU provider including Effective Leadership Credit for both skill-building workshops and the annual conference featuring nationally known presenters.

**Professional Communication** – frequent updates on the Web site and Listserv, quarterly newsletters, annual journal and tip sheets on hot topics.

**Advocacy** – protecting clients and promoting the profession by advocating public policy and legislation at the state and national level.

**Insurance** - eligible to purchase professional liability coverage from the ACA Insurance Trust (800-347-6647 x284).

**Legal Assistance** – free phone consultation with an affiliated law firm for personal issues, professional challenges, and referrals as needed (800-232-1090).

**Financial Advising** – free phone consultation with a financial services professional on financial matters and investment advice (800-267-6441).

**Scholarships** – for a beginning student counselor at each of the participating universities with counselor education programs.

**Grants** – technical support in identifying and applying for potential funding for counseling programs.

**Networking/Mentoring** – for beginning and experienced counselors with support from leaders at the regional, state, and national levels.

**Helpline Assistance** – free phone consultation with the KCA Executive Director at 800.350.4KCA.



**KENTUCKY COUNSELING ASSOCIATION MEMBERSHIP/RENEWAL APPLICATION**

**STEP 1: MEMBERSHIP INFORMATION**

The information below will be used for your membership record and delivery of KCA publications.

Ms. \_\_\_ Mr. \_\_\_ Dr. \_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial \_\_\_

**HOME MAILING ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Social Security # \_\_\_\_\_ Employer \_\_\_\_\_  
Work Setting \_\_\_\_\_ Position \_\_\_\_\_

**STEP 2: GENERAL INFORMATION**

Are you a National Certified Counselor (NCC)? \_ Yes \_ No  
Are you a Kentucky Licensed Professional Clinical Counselor (LPCC)? \_ Yes \_ No  
Are you a Kentucky Licensed Professional Clinical Associate (LPCA)? \_ Yes \_ No

**Education** (Please check the highest level earned.) **Year completed** \_\_\_\_\_  
\_\_\_\_ 1. Associate \_\_\_\_\_ 4. Standard Guidance/Rank I, or Two Year Masters  
\_\_\_\_ 2. Bachelors \_\_\_\_\_ 5. Doctorate  
\_\_\_\_ 3. Masters \_\_\_\_\_ 6. Other \_\_\_\_\_

**I AGREE TO ABIDE BY THE CODE OF ETHICS.**

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

For student membership, certification by major instructor is required.

**Signature of College Professor:** \_\_\_\_\_

**University/College:** \_\_\_\_\_

**STEP 3: PAYMENT**

\_\_\_\_ I am applying for a **PROFESSIONAL** membership (*Masters or Doctorate in Counseling or interested in the goals and mission of KCA*)

**Circle one:** \* New Membership \* Renewed Membership \*  
\* Reinstating Membership (expired more than three months)\*

\_\_\_\_ I am applying for **STUDENT** membership (*enrolled full-time at college/university level or a student with less than a masters in counseling*)

**Circle one:** \* New Student Membership \* Renewed Student Membership \*  
\* Reinstating Student Membership \*

\_\_\_\_ I am applying for membership as a **RETIRED** member.

**PAYMENT: Enclose check payable to KCA or charge to your credit card.**

\_\_\_\_ VISA or \_\_\_\_ MasterCard Card #: \_\_\_\_\_

Cardholder's Name (print only) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(ANNUAL MEMBERSHIP DUES INCLUDE \$8.00 FOR A ONE YEAR SUBSCRIPTION TO KCA NEWS)**

**PROFESSIONAL** Membership . \$40.00  
**STUDENT** Membership ..... \$20.00  
**RETIRED** Membership . ..... \$20.00  
**TOTAL ENCLOSED** \$ \_\_\_\_\_  
**DATE:** \_\_\_\_\_

Enclose payment for the indicated amount to the left and mail to:  
**Dr. Bill Braden**  
KCA Executive Director  
622 Timothy Drive,  
Frankfort, KY 40601-4432  
Telephone: (502) 223-5905  
(800) 350-4-KCA