

# Houston Licensed Professional Counselors Association

## Membership Renewal Form and New Member Application

Dues:  
Student or Intern Membership: \$12/yr  
Professional Membership: \$30/yr  
Professional Renewal Before Dec. 31: \$25/yr

If you are a renewing member, please take a few moments to fill out the form completely so we can verify and/or update our records.

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Degrees Licenses (e.g., LPC, LMFT, etc.) Certifications (NCC CCMHC, etc.) LPC (or Temp.) License No.

My Preferred Mailing Address is  Home  Work

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Name of Business, Organization, or Agency Where You Work

\_\_\_\_\_  
Work Address City State Zip Code

\_\_\_\_\_  
Home Phone (With Area Code) Work Phone (With Area Code) Cell Phone (With Area Code)

\_\_\_\_\_  
E-Mail Address Are You In Private Practice? Do You Accept Referrals?

\_\_\_\_\_  
What Are Your Specialties?

\_\_\_\_\_  
Which Committees or Board Positions Might You Interested In Helping With or Serving On?

Programs  Membership  Nominating  Social  Leadership  Financial

Please Indicate the Following Information:

I am a  Returning Member  New Member  Student or Intern Amt. Paid  Cash?  Check Number  Date of Payment

I GIVE MY PERMISSION FOR THIS INFORMATION TO BE PUBLISHED IN THE HLPCA DIRECTORY. I ALSO GIVE MY PERMISSION FOR THIS INFORMATION TO BE GIVEN TO OTHER PROFESSIONALS IF I HAVE INDICATED THAT I ACCEPT REFERRALS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please Make Checks Payable To: HLPCA

Mail check along with this form to:

Houston LPC Association  
PO Box 729 Stafford TX 77497-0729

REVISED: 3/1/2010

[www.houstonlpcassociation.org](http://www.houstonlpcassociation.org)