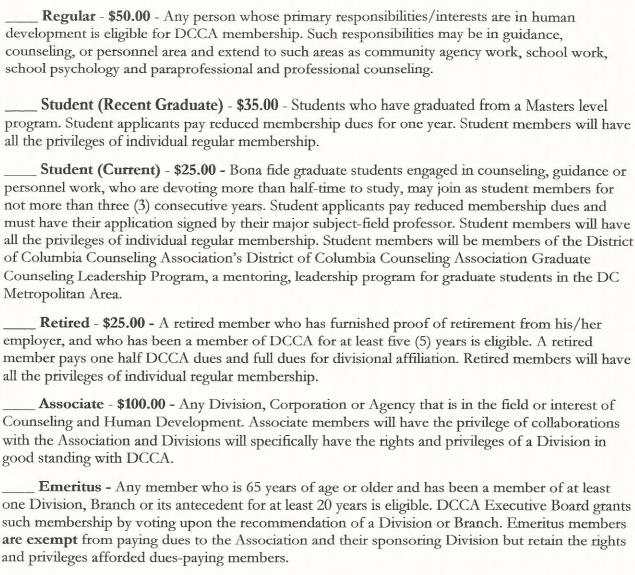
## DCCA

## District of Columbia Counseling Association Membership Application

First Name:  Middle Name/Initial:  Last Name:  Suffix:  Job Title/Student Status:  Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:  Preferred E-mail Address:	Prefix or Title:	
Last Name:  Suffix:  Job Title/Student Status:  Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:	First Name:	
Last Name:  Suffix:  Job Title/Student Status:  Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:	Middle Name/Initial:	
Suffix:  Job Title/Student Status:  Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:		
Job Title/Student Status:  Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:	Last Name:	
Company/Institution:  Address Line 1:  Address Line 2:  Address Line 3:  City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:	Suffix:	
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City:  State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:	Address Line 3:	
State:  Zip Code: Home Telephone:  Work Telephone:  Mobile Telephone:		
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Home Telephone:  Work Telephone:  Mobile Telephone:	State: [	
Work Telephone:  Mobile Telephone:	Zip Code:	
Mobile Telephone:	Home Telephone:	
	Work Telephone:	
Preferred E-mail Address:	Mobile Telephone:	
	Preferred E-mail Address: [	

## Select membership level



**Terms of Membership:** Dues shall cover one term of membership, which is October 1st of the current year through September 30th of the next year.

Severance of Membership: A member may be dropped from membership for any conduct that tends to injure the District of Columbia Counseling Association or to affect adversely its reputation, or that is contrary to or destructive of its mission according to the DCCA Bylaws and ACA Code of Ethics. DCCA members who are permanently expelled from the American Counseling Association due to violation of the ACA Code of Ethics will be permanently expelled from DCCA membership as of the date of the ACA sanction. (b) A member will be dropped from membership for non-payment of dues.

**Human Rights:** No person shall be denied membership or otherwise subjected to discrimination on the grounds of race, color, sex, religion, national origin, age, marital status, personal appearance, sexual orientation, family responsibility or political affiliation.