

Christian Counselors of Texas, Inc. Membership Application

Fill in information print and mail with your check

P.O. Box 9816, Midland, TX 79708-9816 - Phone 888-844-5166

CCT is an organization dedicated to being an active support group for members who are interested in integrating the Christian faith into their professional practice.

Membership is open to all Christians in the counseling and guidance professions who are in harmony with our **Statement of Beliefs and Purpose**, and who meet the criteria for membership. Students must have their application signed by their Major Professor indicating they are in a counselor training program. Read this application carefully and fill in all information.

Dues are currently **\$60** per year for professional members and associate members. Dues for students **\$30** (new students are exempt from dues for the first year) and retired **\$40**. Dues include local chapter membership. Dues must accompany this application. Select Type of membership _____

Checks should be made payable to: Christian Counselors of Texas, Inc.

Please Check One: New Renewal (If this is a renewal Please record your membership number:

Type of membership you are qualified for (look at criteria for membership): Professional

Name:					
Address:		City:		ST:	
Zip		Business Phone:			
Home Phone:		Fax:			
E-Mail:					
Highest Degree:			Institution:		
Major:				Date:	
Work Setting:	Primary	Secondary	Work Setting:	Primary	Secondary
Private Practice	<input type="checkbox"/>	<input type="checkbox"/>	Agency	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	Church	<input type="checkbox"/>	<input type="checkbox"/>
School / College	<input type="checkbox"/>	<input type="checkbox"/>	Retired	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Counseling Licenses / Certifications		Number	Expiration Date	State	

No charges or complaints have been filed against me. Checking this box is same as my signature.

It is the policy of Christian Counselors of Texas, Inc. to make the CCT membership Directory available to legitimate Christian Agencies and other sources for professional referral purposes. Please indicate below if you want your name, telephone and address listed in the Directory.

Please do not email my newsletter. I want it mailed to me.

YES I give my permission to include my name in the CCT directory **NO** I want my name withheld from the CCT directory. If left blank YES will be assumed.

If you are a student have your major professor sign _____

For CCT Office use only:	Date Received:	Check / Money order #: