

Christian Counselors of Texas, Inc.

P.O Box 9816
Midland, TX 79708-9816
1-888-844-5166
www.cctx.org

APPLICATION FOR MEMBERSHIP

Christian Counselors of Texas, Inc. 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.

Instructions: please provide all of the information requested and mail all pages of the completed application to the address shown at the end of this form. Your payment must be included with this application in order for it to be processed.

CONTACT INFORMATION

Name: First			Middle	Last
Address				
City		State		Zip Code
Phone		Email Address		
If this application is for renewal of your current or expired membership, please indicate your membership number: _____				
CCT Membership Number				

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MEMBERSHIP SELECTION

Christian Counselors of Texas has four membership types; Professional, Associate, Student and Retired. The membership type you may choose depends upon your professional qualifications and licensure.

Instructions: please choose only one membership type for which you are qualified to apply, and provide any additional information as indicated for that membership.

PROFESSIONAL

Professional membership is open to anyone meeting all of the following criteria:

- hold a graduate degree (Masters or higher) in counseling, psychology, social work, clinical pastoral counseling, or related fields as approved by the Board of Directors of Christian Counselors of Texas, Inc.
- licensed, certified, or otherwise qualified to practice counseling in the State of Texas.

Professional membership is required to be a voting member or elected officer of the association. Annual membership fee is \$60.00.

License Type: LMFT LMFT-S LMFT-A LPC LPC-S LPC-I
 LCSW NCC Psychologist Psychiatrist

Other License: _____

License Number: _____

ASSOCIATE

Associate membership is open to anyone meeting any of the following criteria:

- pastoral interests or ministry within or to an organized church body in Texas
- licensed or certified counselors or therapists not holding a graduate degree as long as such persons are practicing within the applicable laws of the State of Texas..

Annual membership fee is \$60.00.

RETIRED

Retired membership is open for anyone meeting all of the following criteria:

- no longer engaged in counseling or therapy as a profession
- desiring to remain involved in Christian Counselors of Texas.

Annual renewal membership fee is \$40.00.

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STUDENT

Student membership is open to anyone meeting all of the following criteria:

- enrolled in a graduate program (Masters or higher) in counselor training at an accredited university or college
- enrollment is verified by the university or college.

First year membership is free, annual renewal membership fee is \$30.00.

Degree: _____ University: _____

University Contact: _____ Phone _____

University Contact Email: _____

STATEMENT

Please answer the following questions.

A. Have you ever had a professional membership, license, registration, or certification denied, suspended, or revoked (other than a lack of minimum qualification or failure of examination)? Yes No

B. Have you ever been censured or disciplined by any professional body or organization? Yes No

If the answer is "Yes" to either question, explain below:

SIGNATURE

I certify that all information is true and complete to the best of my knowledge and belief. I authorize verification of this information, and release all concerned from any liability in connection therewith. I hereby apply for membership in Christian Counselors of Texas, Inc. (CCT), and have read and understand the qualifications of membership, and dues payment requirements. I agree to abide by CCT's bylaws. Providing false or misleading information in this application form or failure to adhere to CCT bylaws is grounds for denial of membership or expulsion from CCT whenever discovered.

Signature

Date

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PAYMENT

Membership is individual and not transferable from one person to another. Dues are nonrefundable. Annual dues payment covers one year from date of approval.

Please make sure you have selected one membership and provided any additional information for that membership.

Indicate amount enclosed: <input type="radio"/> Professional \$60 <input type="radio"/> Associate \$60 <input type="radio"/> Retired \$40 <input type="radio"/> New Student \$0 <input type="radio"/> Student Renewal \$30

All checks must be in U.S. dollars, drawn on a U.S. bank, and made payable to Christian Counselors of Texas, Inc. There is a \$35 return check fee.

Mail payment along with this application to:

Christian Counselors of Texas, Inc
Membership Application
P.O Box 9816
Midland, TX 79708-9816

An email will be sent to the address you provided on page 1 when your application is approved, or if there are questions regarding this application.

CONTACT US

Contact us at 1-888-8444-5166 or *membership@cctx.org* with any questions concerning membership or application status.

CCT OFFICE USE ONLY

Date Received	_____
Check/MO #	_____
Name on check	_____
Approval Date	_____
Member Number	_____