

2010 MEMBERSHIP FORM

Nashville Area Association of Christian Counselors

www.NashvilleAACC.org

Please **print** clearly.

Today's Date _____

Last Name:

First Name:

Male____ Female____

Degree(s):

E-mail address:

Website:

Agency Name, if applicable:

Office Address:

City/ State/Zip code:

Office Phone #:

Fax #:

2nd Office Address:

Preferred Mailing Address, if different than above:

Profession:

License/Certification(s):

3rd Party/ Insurance Payment Eligible: Yes____ No____

Please check up to a total of 4 areas of interest which will be included in the membership directory and on the web site:

- | | | |
|---|--|---|
| <input type="checkbox"/> Addictions | <input type="checkbox"/> Dissociative Disorders | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Divorce Recovery/ Singles | <input type="checkbox"/> Men's Issues |
| <input type="checkbox"/> Anxiety Disorders | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Mentoring/ Supervision |
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Education | <input type="checkbox"/> Mood Disorders |
| <input type="checkbox"/> Attention Deficit/ Hyperactivity Disorder | <input type="checkbox"/> EMDR | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Career/ Vocational | <input type="checkbox"/> Families/ Step Families | <input type="checkbox"/> Personality Disorders |
| <input type="checkbox"/> Children/ Adolescents | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Pregnancy/ Crisis Pregnancy/ Post Abortion |
| <input type="checkbox"/> Co-Dependency | <input type="checkbox"/> Geriatrics/ Older Adults | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> College Students | <input type="checkbox"/> Grief Issues | <input type="checkbox"/> Sexual Abuse |
| <input type="checkbox"/> Communication/ Conflict Resolution/ Anger Management | <input type="checkbox"/> Group Work | <input type="checkbox"/> Sexual Issues |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Homeless/ Indigent | <input type="checkbox"/> Spiritual Concerns/ Pastoral Counseling |
| | <input type="checkbox"/> Individuals | <input type="checkbox"/> Women's Issues |
| | <input type="checkbox"/> Marriage/ Premarital/ Relationships | Other: _____ |

CHOOSE ONE:

Regular Membership: \$50.00 _____

Free NAACC website listing included in the cost of the membership.

*****I would like to be listed on the web site (for regular members only). Please initial: Yes _____ No _____

Associate Membership: \$20.00 _____

[Open to those in helping ministries, and students, etc. not meeting requirements for Regular Membership.]

Please mail your check payable to NAACC and this form to:

NAACC

P.O. Box 100326

Nashville, TN 37224-0326