



Alliance for
Professional
Counselors

Membership Application Form

(PLEASE TYPE OR PRINT CLEARLY)

Name _____ Date _____

Institution/Organization _____

Address _____

City _____ State _____ Postal Code _____

Telephone (_____) _____ E-Mail _____

Specialty area(s): Mental Health School Rehab Substance Abuse Pastoral

Marriage and Family Higher Education Career Counselor Educator

If you don't see yourself on this list, what is your specialization? _____

Do you have a Counseling License? Yes No If yes, in what state: _____

Do you hold counselor certification(s)? Yes No

If yes, list certification type/s?

Would you like to volunteer with APC? Yes, please contact me Not at this time

APC 1 Year Professional Membership Fee: **Introductory Rate!** \$50

I'd also like to donate to the APC: Not at this time

Yes, indicate amount: \$15 \$25 \$50 \$75 \$100 \$ _____

Total Payment: \$ _____

Payment by (select one):

____ Check (**Please make all checks payable to: APC**)

____ Credit Card (MasterCard or Visa Only)

Card Number _____ Billing Zip Code _____

Expiration Date _____ Three Digit Security Code on back _____ Name

on Card (Print): _____ Signature _____

Mail check and completed form to:

APC, Seton Hall University, 400 South Orange Ave, South Orange, NJ 07079
For questions, please email: info@APCcounseloralliance.org