



Virginia Association of Clinical Counselors Membership Application

Name: _____

Address: _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

Please complete all of the above fields – information is for internal use only

Membership Categories

1. Clinical Membership

- State license as a Licensed Professional Counselor

1 Year 65.00 2 Years 130.00 3 Years 195.00

2. Regular Membership

- Unlicensed, Masters Degree or higher in counseling or a related field

1 Year 65.00 2 Years 130.00 3 years 195.00

3. Student Membership

- Unlicensed and actively enrolled in a graduate program in counseling or a related discipline

1 Year 20.00

4. Retired Membership

- Completely retired from mental health profession

1 Year 25.00

I hereby certify that I have met all the criteria for the above checked membership category.

Signature: _____ Date: _____

Licensure Number (if applicable) Or University you attend if a student _____

Mail completed application and check payable to VACC to

Please mail appropriate fee (make checks payable to VACC) and completed form to:

Roger Snapp-Laplace, VACC Treasurer, 1115 First Street SW, Roanoke, VA 24016, Phone: 540-343-000

Questions? Contact Michael Griffin at 757-343-1070 or webmaster@vacc.org