



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 120.00 3 Years 170.00

2. Regular Membership

- Unlicensed, Master's Degree or higher in counseling or a related field

1 Year 65.00 2 Years 120.00 3 years 170.00

3. Counselor in Residency Membership

- Unlicensed, under supervision Supervisor name _____

1 Year 40.00 2 Years 70.00

4. Student Membership

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

1 Year 20.00

5. 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 _____

Please mail appropriate fee (make checks payable to VACC) and completed form to:
VACC Treasurer, c/o The Medical Management Consulting Group, Inc.; 154 Newtown Road, Suite B-4; Virginia Beach, Virginia 23462
Contact Theresa Sion at 757-729-4241 or membership@vacc.org (757-343-1070) for membership/website assistance.