FORT BEND COUNSELING ASSOCIATION

~ A Local Chapter of Texas Counseling Association ~

Member Profile Sheet

Personal

Name:_____

Last **First**

Home Address:_____

City _____, **TX** _____

Zip

Contact Phone: _____

Employment

Title/Position _____

License # _____ **and Type: NBCC, LPC, LMFT, SBEC, SW**

School: _____**District:** _____

or

Firm/Clinic/Setting_____

Work Address: _____

_____, **TX** _____

City **Zip**

Work Phone: _____

Email: _____

(very important!)

Please complete this profile sheet and send the membership dues of $20.00 for members and $10 for current graduate students (check or cash) to the President, Dr. John Spoede at the following address or bring them to the next chapter meeting:

Dr. John Spoede
Re: Fort Bend Counseling Association
Houston Center for Christian Counseling
609 B Park Grove
Katy, TX 77450
(281) 398-0022
Make checks payable to FBCA