



**GULF COAST COUNSELING ASSOCIATION
MEMBERSHIP APPLICATION [July 2018 – June 2019]**

Please Print:

1. _____
Title Last Name First Name MI Date

2. Home Address: _____
 Street City Zip Phone

3. Place of Employment: _____ Position: _____

4. **Professional Setting: (Please Check)** ___ Elementary ___ Middle/Jr. High ___ Sec/Sr. High
 ___ Public Agency ___ Private Prac ___ Higher Ed. ___ Other

5. Business Address: _____ Phone _____

6. **Email address:** _____

7. Preferred GCCA Mailing Address: ___ Home ___ Business

8. New Member of Gulf Coast Counseling Association? ___ Yes ___ No

9. Licensed Professional Counselor? ___ Yes ___ No

10. Are you a member of any of the following organizations?

ACA American Counseling Association ___ Yes ___ No

TCA Texas Counseling Association ___ Yes ___ No

ASCA American School Counselors Association ___ Yes ___ No

TSCA Texas School Counselors Association ___ Yes ___ No

Other: Please specify: _____

Please Select a Membership: (Check One)

____ **New Professional Membership - \$10.00 *NEW**

____ **Professional Membership – \$25.00**

____ **Student / Retired Membership – \$10.00**

____ **Affiliate Membership - \$25.00 *NEW**

Please make check or money order payable to **Gulf Coast Counseling Association (GCCA)**.

If mailing, please send completed application and payment to:

**Gulf Coast Counseling Association
PO Box 271286, Corpus Christi, Texas 78427
Contact gccaregion2@gmail.com for more information**