



CANADIAN COUNSELLING AND
PSYCHOTHERAPY ASSOCIATION
L'ASSOCIATION CANADIENNE DE
COUNSELING ET DE PSYCHOTHÉRAPIE

**CCPA Student Membership
Proof of Student Status Form**

Student Name: _____	CCPA Member ID (if renewing): _____
Street Address: _____	Renewal Month: _____
City, Province: _____	
Postal Code: _____	University: _____
Phone number: () - x. _____	Program: _____
E-Mail: _____	Expected graduation (mm/yy): _____

Student Membership:

In order to be eligible for a reduced fee as a student member, individuals must be presently enrolled in an undergraduate, post-baccalaureate certificate or diploma, master's degree or doctoral program in counselling or a related field at an AUCC-recognized institution or its equivalent for non-Canadian educational institutions.

By signing below, I hereby confirm that the student indicated above is enrolled in such a program and that I am a faculty member or employee of the post-secondary institution at which the student is enrolled.

Name : _____

Position : _____

Date : _____

Phone : _____

E- mail : _____

Signature : _____

Please complete the form and return to:

*Canadian Counselling and Psychotherapy
Association
114-223 Colonnade Rd. S
Ottawa, (Ontario)
K2E 7K3*

Telephone: (613) 237-1099 or 1-877-765-5565 (toll free)
Fax: (613) 237-9786
E-Mail: membership@ccpa-accp.ca
Web Site: www.ccpa-accp.ca