



# MEMBERSHIP RENEWAL



Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

Renewal Month: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

**GST # 131212979RT001**

Postal: \_\_\_\_\_ Country: \_\_\_\_\_

DESCRIPTION	Price	Total
<b>Membership Type</b> (must choose one)		
Professional Member + Full QCA	\$150.00	
Regular Member + QCA	\$150.00	
Student (Proof of Student Status must come with application) (CCPA + QCA)	\$75.00	
Retired (CCPA + QCA)	\$75.00	
Certified Member + QCA	\$215.00	
<b>Chapters</b> (optional)		
British Columbia Chapter	\$10.00	
Alberta	\$10.00	
National Capital Region Chapter	\$10.00	
Counsellor Educators Chapter (must be in a college or univ. setting)	\$20.00	
Career Development Chapter	\$15.00	
Private Practitioner's Chapter	\$10.00	
School Counsellor's Chapter	\$10.00	
Creative Arts in Counselling Chapter	\$10.00	
Aboriginal Circle Chapter	\$10.00	
Pastoral and Spiritual Care in Counselling Chapter	\$10.00	
Social Justice Chapter	\$10.00	
Nova Scotia Chapter	\$10.00	
<b>Other</b>		
Donations to CCPA		
Total		

**METHOD OF PAYMENT**

CHEQUE:  (please enclose) OR CREDIT CARD: Mastercard  Visa

CREDIT CARD #:

EXPIRY DATE (mm/yy):

SIGNATURE (required for credit card payment):

## **DECLARATION (MUST BE SIGNED OR YOUR APPLICATION CANNOT BE PROCESSED)**

*Please note that membership in CCPA does not qualify you as a certified counsellor. Mention of membership is not to be utilized on business cards, on websites, or in other ways intended to advertise a member's qualifications as a counsellor. Should you wish to use a qualification designation from CCPA, you must seek certification, which will permit the use of the letters CCC (Canadian Certified Counsellor) as the appropriate statement about qualifications to practice counselling.*

I confirm that I do not have a criminal record that might prejudice my work as a counsellor and that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or a related field, on the grounds of professional misconduct in Canada or elsewhere. If I cannot so confirm, I have attached details of any conviction/dismissal/refusal to be taken into account when considering this application for membership.

By becoming a member of the Canadian Counselling and Psychotherapy Association (CCPA), I agree that CCPA is authorized to collect, utilize and disclose personal information to CCPA partner organizations solely for the purpose of communicating with me the special arrangements entered into with the CCPA, such as group insurance plans available to members. In addition, I agree that the CCPA may share personal information regarding my activities, including disciplinary action, to the appropriate professional associations, regulatory bodies and/or agencies, both governmental and non-governmental, as required in order to comply with CCPA's mission of protecting the public. All collection and use of my personal information by CCPA will be in accordance with CCPA's Privacy Policy, which is available at <http://www.ccpa-accp.ca/en/privacypolicy>. By becoming a member, I acknowledge that I have read and agree with the Privacy Policy.

As a member of the Canadian Counselling and Psychotherapy Association I do hereby pledge to uphold the CCPA Code of Ethics at all times.

---

SIGNATURE

DATE

**Please complete the form and return with your payment 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: [info@ccpa-accp.ca](mailto:info@ccpa-accp.ca)  
Web Site: [www.ccpa-accp.ca](http://www.ccpa-accp.ca)