



## CCPA Student Representative Agreement

Name: _____	CCPA Member ID (if renewing): _____
Street Address: _____	Renewal Month: _____
City, Province: _____	Postal Code: _____
Telephone: _____	Email: _____
University: _____	
Program: _____	
Expected Graduation (MM/YY): _____	

By signing below, I accept the position of Student Representative for the Canadian Counselling and Psychotherapy Association (CCPA) at \_\_\_\_\_.

As part of my role, I will aim to increase the presence of CCPA at my institution, as well as act as a liaison between the Association and the Program. As Student Representative, I will fulfill the position's responsibilities and receive its associated benefits, as outlined in the "Roles and Responsibility Document".

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

CCPA Student Program Co-Ordinator: \_\_\_\_\_

Signature: \_\_\_\_\_

### Please complete the form and return to:

Canadian Counselling and  
Psychotherapy Association  
202 - 245 Menten Place  
Ottawa, ON, K2H 9E8  
K2E 7K3

Telephone: (613) 237-1099  
Toll-Free: 1-877-765-5565  
Fax: (613) 237-9786  
E-Mail: [membership@ccpa-accp.ca](mailto:membership@ccpa-accp.ca)  
Websit: [www.ccpa-accp.ca](http://www.ccpa-accp.ca)