



CCPA Student Representative Application

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

Membership in other Counselling-related Associations:

What skills or experience do you possess that would be relevant to the position?

Why do you wish to become a CCPA Student Representative?

Please complete the form and return to:

**If available, please include an academic CV or other supporting documents to your application*

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
Websit: www.ccpa-accp.ca