



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

CCPA Student Membership Proof of Student Status Form

Please note that this form must accompany a membership application or renewal form in order for your membership to be processed.

1. Student Information

Name: _____

Street Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ EMAIL: _____

University: _____

Program: _____

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.

2. Post-Secondary Institution Approval

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: _____ Date: _____

Position: _____ Phone Number: _____

EMAIL: _____ *Signature: _____

Please complete the form and return to:

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

Telephone: (613) 237-1099
Toll-Free: 1-877-765-5565
Fax: (613) 237-9786
Website: www.ccpa-accp.ca

EMAIL: membershipadmin@ccpa-accp.ca