



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: _____	CCPA Member ID (if renewing): _____
Street Address: _____	Renewal Month: _____
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](http://www.ccpa-accp.ca)

**EMAIL: [membershipadmin@ccpa-accp.ca](mailto:membershipadmin@ccpa-accp.ca)**