



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 this form and return along with your completed Membership Application 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

EMAIL: membership@ccpa-accp.ca