

BERMUDA COUNSELLORS ASSOCIATION

New Membership or Renewal Application Form

New Application ____ **Renewal** ____ **Date** _____

Name: _____

Address: _____

Organization: _____

Home Phone: _____ **Work Phone:** _____

Fax: _____ **Email:** _____

Graduation Date: _____

The Bermuda Counsellors Association is a non-profit, charitable organization, which is committed to the enhancement of the counseling profession in Bemuda. By becoming a member of BCA, you agree to abide by the BCA Constitution as well as the Code of Ethics as subscribed by the American Counseling Association (ACA) and accepted by the BCA. Proof of academic credentials may be required.

MEMBER TYPE

Please select category:	Description	Work Setting	Areas of Specialization
Professional (\$75.00) ____	Graduate degree in Counselling or related field	School/College ____	_____
Associate (\$50.00) ____	Bachelors degree in social science area	Private Practice ____	_____
Student (\$25.00) ____	Enrolled as a full or part time student	Community Agency ____	_____
Honorary (\$50.00) ____	Status as awarded by BCA	Hospital/Clinic ____	_____
		Corrections ____	_____
		Government Dept. ____	_____
Total Dues: \$ ____		Other ____	_____

Office Use Only

Member ID _____ Payment Method _____ Constitution Issued ____

Date Joined _____ Amount Paid _____ Member Certificate ____

Date Renewed _____ Signature _____

Mail Application to:

BERMUDA COUNSELLORS ASSOCIATION
P.O. BOX DV 552
DEVONSHIRE, DVBX
441-291-5582
www.bermudacounsellors.bm