



DADE COUNSELING ASSOCIATION

www.dadecounselingassn.com

**APPLICATION FORM
OCTOBER IS RENEWAL MONTH**

Name: _____ Date: _____ New Member ___Renewing Member ___

Please print your name, as you would like it to appear on the certificate:

Mailing Address: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____ Job Title: _____

Work Location Name/Address: _____

Do you wish to volunteer to work on a committee? ___ yes ___ no

Check the event you are interested in helping to plan or volunteer for:

___ Student Services Breakfast ___ Professional Workshop ___ Multicultural Dinner

Membership Dues:

(Make checks out to DADE COUNSELING ASSOCIATION)

One Year.....\$20
Retiree Dues.....\$15
Student Dues....\$15**

FOR OFFICE USE ONLY

Sent	_____
Input	_____
Check #	_____
Expires	_____

**Certification by major instructor required. I certify the applicant is engaged in studies in counseling or the human services area.

Signature of professor

Send application to: D.C.A. * P.O. Box 160925 * Miami, Fl.33116