

BERMUDA COUNSELLORS ASSOCIATION

New Membership or Renewal Application Form

New Application _____ **Renewal** _____ **Date Submitted:** _____

Name: _____

Mailing Address: _____

Personal Phone: _____ **Work Phone:** _____

Email Address: _____

Graduation/Anticipated Graduation Date: _____
(Please send the BCA a copy of your highest degree if you have not previously submitted one)

Association/ Organization Membership: _____

The Bermuda Counsellors Association (BCA) is a non-profit, charitable organization, which is committed to the enhancement of the counselling profession in Bermuda. 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 are required.

MEMBER TYPE

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

Area/s of Specialization: _____

Mail Application and check to: P O Box DV 552, Devonshire, DV BX

Electronic Payment of Dues: Email completed application to bdacounsellors@live.com. Send dues payment to Clarien Bank Account #4010916921 (Please indicate name and dues payment)

Please do not fill in this section

Member ID _____ Amount Paid _____ Payment Method _____

Date Joined/Renewed _____ Constitution Issued _____ Member Certificate Issued _____

Officer's Signature _____