



ASSOCIATION FOR ASSESSMENT  
IN COUNSELING AND EDUCATION

# AAACE Membership Application

## Applicant Information

ACA Member Number:

Legal Name (First, M.I., Last):

Mailing Address:

City:

State:

Zip:

Country:

Organization:

Work Phone: (      )

Home Phone: (      )

FAX:

Email:

## AAACE/ACA Membership Dues

Membership in ACA means that you will abide by ACA's Bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations of the terms of the ACA Code of Ethics which can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action. The ACA Code of Ethics is available at [www.counseling.org](http://www.counseling.org).

Check one:	AAACE		ACA	Total
<input type="checkbox"/> Professional	\$40.00	+	\$155.00 =	\$195.00
<input type="checkbox"/> Regular	\$40.00	+	\$155.00 =	\$195.00
<input type="checkbox"/> New Professional*	\$30.00	+	\$89.00 =	\$119.00
<input type="checkbox"/> Student*	\$30.00	+	\$89.00 =	\$119.00
<input type="checkbox"/> Retired	\$30.00	+	\$89.00 =	\$119.00

### Joining AAACE only

Check one:	AAACE		Processing Fee	Total
<input type="checkbox"/> Professional	\$40.00	+	\$10.00 =	\$50.00
<input type="checkbox"/> Regular	\$40.00	+	\$10.00 =	\$50.00
<input type="checkbox"/> New Professional*	\$30.00	+	\$10.00 =	\$40.00
<input type="checkbox"/> Student*	\$30.00	+	\$10.00 =	\$40.00
<input type="checkbox"/> Retired	\$30.00	+	\$10.00 =	\$40.00

\*New Professional please indicate date of graduation (month/year):      /      and institution  
\* Students please indicate expected date of graduation (month/year):      /      and institution

### Four Easy Ways to Join

#### PHONE

800.347.6647 x222  
(Have your credit card ready)

#### FAX

800.473.2329

#### WEB

[www.counseling.org](http://www.counseling.org)

#### MAIL

Application and payment to:  
P.O. Box 791006  
Baltimore, MD  
21279-1006

**Payment Method**  Total amount enclosed or to be charged: \$

Check or money order, payable to ACA in U.S. funds, enclosed

VISA       MasterCard       American Express       Discover

Credit Card #

Exp. Date:

CVC Code: AmEx (4 digits above credit card #):

VISA, MC, Discover (last 3 digits next to signature line):

Cardholder's Name (print):

Phone (      )

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_