| 2017 Conference and Membership Form | | | | | | |
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| **NJ College Counseling Association - Applicant Information** | | | | | | |
| *(Check 1 or both as appropriate)* | | | | | | |
| First Name: | | Last Name: | | | | |
| Mailing address: | | | | | | |
| Address Line 2: | | | | | | |
| City: | State:NJ | | | | ZIP Code: | |
| Email: | | | | | | |
| Institution: (*University or College Name/Private Practice/Other)* | | | | | | |
| Preferred Phone: | Work Phone:       Ext: | | | | | |
| Job Title/Position: | | | | | | |
| Website *(Personal or Department):* | | | | | | |
| Interests or Specialties: | | | | | | |
| **Registration Information** | | | | | | |
| **Membership Category**: ☐University Affiliated ☐ Associate *(Private Practice/Other)*  ☐Retired  *Membership discount immediately applied to conference.* | | | | | | |
| **Conference Registration**  ☐$75 Member  ☐$90 Non-Member  ☐$35 Student – includes 1 yr. free membership  ☐Not registering for conference - Membership only | | | **Annual Membership Dues** (May1 – April 30)  ☐$25 Professional Membership  ☐$10 Student Membership  ☐No membership at this time | | | |
| **Total Amount for Conference and Registration: $**Click here to enter amount. | | | | | | |
| Add me to the **NJCCA ListServe** ☐ Yes! ☐No  *Upon approval of your membership, you will receive an email invitation from Google Groups to join the NJCCA listserve. After you register through this link you will gain access.* | | | | | | |
| **Payment Information:** *Please mail this form and check made payable to:*  **New Jersey College Counseling Association** c/o Zoerner House, 2083 Lawrenceville Road, ​Lawrenceville, NJ 08648 | | | | | | |
| **Professional Information** | | | | | | |
| Degree and Field: | | | | | | |
| Program/University for Highest Degree: | | | | | Year Degree Conferred: | |
| License Type *(if licensed)*: | | | | License #: | | |
| **student Information** | | | | | | |
| University or College: | | | | | | |
| Program or Major: | | | | | | |
| Degree Sought: ☐Bachelors ☐Masters ☐Doctorate | | | Anticipated Graduation Year: | | | |
| **consent information for Members** | | | | | | |
| Ok to share the above information with other members in a directory? ☐Yes ☐ No | | | | | | |
| **Disclosure Statement:** Have you ever been disciplined by a professional organization or state licensing agency? (If yes, please describe briefly on a separate sheet of paper each instance, disposition, and any limitations in current practice of counseling.) ☐Yes ☐ No | | | | | | |
| In making application to the New Jersey College Counseling Association. I, the undersigned, hereby give permission for the membership committee of the New Jersey College Counseling Association to verify the above information. | | | | | | |
| Signature of applicant | | | | | | Date |