



Alliance for
Professional
Counselors

Student Membership Application Form (PLEASE TYPE OR PRINT CLEARLY)

Name _____ Date _____

Address _____

City _____ State _____ Postal Code _____

Telephone (_____) _____ E-Mail _____

Institution/University _____

Program Name _____

Program Specialty area(s): Mental Health School Rehab Pastoral

Marriage and Family Career Counselor Educator

If you don't see your type of program on this list, what is your program's specialization?

What is your program's accreditation? CACREP MPCAC Regional I do not know

Other _____

Would you like to volunteer with APC? Yes, please contact me Not at this time

APC 1 Year Student Membership Fee: Introductory Rate! \$25

I'd also like to donate to the APC: Not at this time

Yes, indicate amount: \$15 \$25 \$50 \$75 \$100 \$ _____

Total Payment: \$ _____

Payment by (select one):

____ Check (**Please make all checks payable to: APC**)

____ Credit Card (MasterCard or Visa Only)

Card Number _____ Billing Zip Code _____

Expiration Date _____ Three Digit Security Code on back _____

Name on Card (Print): _____ Signature _____

Mail check and completed form to:

APC, Seton Hall University, 400 South Orange Ave, South Orange, NJ 07079

For questions, please email: info@APCcounseloralliance.org