

Application for Membership:

PRINCE EDWARD ISLAND COUNSELLING ASSOCIATION

PERSONAL INFORMATION

Name:

Address:

Postal Code:

Phone:

(work)

(home)

Fax:

(work)

(home)

Email:

PROFESSIONAL INFORMATION

Highest Degree:

University:

Year of Graduation:

Area of Specialization:

Work Setting:

PEICA Membership Category:

Full/Associate \$30

Or

Student/Retired \$20

I wish to be a member of the following Chapter(s):

_____ PEITF-SCC School Counsellor Chapter

_____ CPC – Counselling Psychotherapist Chapter

(Those interested in pursuing CCC must join through CCPA after February 21/07)

CHEQUE PAYABLE TO:

PEI Counselling Association

Mail to:

Greg Anderson
9 Birchwood Street
Charlottetown, PE
C1A 5B4

DECLARATION

1. I confirm that I do not have a criminal record that might affect my work as a counsellor.

OR

I attach details of conviction(s) to be taken into account in considering this application for membership.

2. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counseling or a related field, on the grounds of professional misconduct in Canada or elsewhere.

OR

I attach details of matters or sanctions to be taken into account in considering my membership application.

3. As a member of the Prince Edward Island Counselling Association I do hereby pledge to uphold the *CCPA Code of Ethics* at all times.
4. To benefit from any grant PEICA may offer its members, one must be a member at least 30 days prior to an event(s) early bird registration or, in the absence of an early bird registration, 30 days before the regular registration date.

Signature:

Date: