



Arkansas Counseling Association  
 2410 Spring Lake Road  
 Paragould, AR 72450

(ArCA ID# if known)

New Member  Renewal   
 ArCA Renewal Date: 10/1 yearly

ID#:

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Preferred Mailing Address:  Work or  Home

Work Phone

City, State, Zip

Business/School District Name

Cell/Home Phone

Preferred Email:  Work or  Home

I hereby agree to abide by the ACA Code of Ethics: \_\_\_\_\_  
<http://www.counseling.org/Resources/> (Sign here please)

Required Membership Dues	Check your choice	
<b>Regular</b> (Requires division membership also)	\$50	
<b>Student</b> (Must be registered in helping profession master degree plan at University level. Does not require division membership)	\$35	
<b>Retired</b> (Must be retired from helping profession, but can still be working part-time. Does not require division membership)	\$35	
DIVISION	AMT	TOTAL
<b>Required Membership Dues From Above</b> →	\$50 or \$35 or \$35	
Arkansas Association of Children and Adolescent Counseling – ArACAC	\$5.00	
Arkansas Association for Counselor Education and Supervision - ArACES	\$10.00	
Arkansas Association for Lesbian, Gay, Bisexual, Transgender Issues in Counseling – ArALGBTIC	\$5.00	
Arkansas Licensed Counselor Association – ArLCA	\$15.00	
Arkansas Association for Multicultural Counseling & Development – ArAMCD	\$5.00	
Arkansas Military, Government Counseling Association – ArMGCA	\$5.00	
<b>Enter this amount on the Conference Registration Page 1</b>		

**For your convenience, ArCA has made the following payment options available**

Paying by check? CHECK # _____	<b>Make check payable to ArCA and mail with application to:</b> <b>ARCA</b> <b>2410 Spring Lake Road</b> <b>Paragould, AR 72450</b>
Paying through the mail by Credit Card?	If paying with Credit Card, please fill in <b>Credit Card Number and Expiration date</b> below: ✓ Check Card type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Credit Card # _____ - _____ - _____ - _____ Expiration Date: ____/____ CSV # from back of card _____ _____ Cardholder signature if paying by credit card (today's date)

**If you wish to volunteer at conference, please contact:**

**Donna Wilchie**  
**Work: 501-450-4825**  
**Cell: 501-472-6020**  
**wilchied@conwayschools.net**