KCA (Kansas Counseling Association) Membership Form

Welcome! We are glad to have you join KCA and become part of our network of counselors in Kansas. Please fill out the membership form below and return with your payment to Kim Urenda. To take full advantage of all your membership opportunities, please consider using a **personal email** so we can maintain contact with you even if your job changes. (July 2020 FORM)

KCA Executive Director, Kim Urenda, 10116 W 86th Terrace, Overland Park, KS 66212 kca.exec.director@gmail.com (913) 226-2085 personal cell

NAME:	OCCUPATION:		
CELL PHONE:	EMAIL:		
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
PLACE OF WORK:			
WORK ADDRESS:			
WORK EMAIL:	WORK PHONE:		
My area of expertise is:			
I would like to be listed in the "KCA Fin	nd a Therapist" database.	YES	NO
I am interested in leadership opportunit	ies of the KCA Board/Committees.	YES	NO
I am interested in presenting webinars a	and workshops.	YES	NO
I am interested in helping with the states	wide conferences.	YES	NO
I am interested in earning CEs in the fol	llowing topics:		
What I wish KCA would do for me			
Your membership with KCA connects encourage you to get involved in th	you to a network of counselors throu ne division memberships for your spec	0	9.
Please accept my application for magree by my signature below to a	<u>-</u>	_	
Sionature		Date	

AS A MEMBER OF KCA YOU MUST JOIN AT LEAST ONE REGION

MEMBERSHIP	REGIONS/DIVISIONS	COST	TOTAL
KS Counseling Assoc.		\$65.00	\$65.00
REGION (choose one)	Northeast KCA	1 included	
REGION (choose one)	Southeast KCA	1 included	
REGION (choose one)	Northcentral KCA	1 included	
REGION (choose one)	Southcentral KCA	1 included	
REGION (choose one)	Northwest KCA	1 included	
REGION (choose one)	Southwest KCA	1 included FREE	
DIVISIONS (optional)	KS Association for Adult Development & Aging (KAADA)		
DIVISIONS (optional)	KS Association of Addictions & Offender Counselors (KAAOC)		
DIVISIONS (optional)	KS Association for Counselor Education & Supervision (KACES)		
DIVISIONS (optional)	KS Association for Multicultural Counseling & Development (KAMCD)		
DIVISIONS (optional)	KS Association of Marriage & Family Counselors (KAMFC)		
DIVISIONS (optional)	KS Association for Specialists in Group Work (KASGW)		
DIVISIONS (optional)	KS College Counseling Association (KCCA)		
DIVISIONS (optional)	KS Career Development Association (KCDA)		
DIVISIONS (optional)	Kansas Mental Health Counselor Association (KMHCA)		
	GRADUATE STUDENTS/RETIREES PAY 1/2		
Graduate Students &	Membership is totaled and divided by 2. So, you pay half the cost of the		
	PAYMENT OPTIONS BELOW	TOTAL =	

KS Association for Adult Development and Aging (KAADA) advocates for adult development and aging issues, addresses counseling concerns across the lifespan.

KS Association of Addictions & Offender Counselors (KAAOC) advocate the development of effective counseling & rehab programs for people with substance abuse problems.

KS Association for Counselor Education and Supervision (KACES) emphasizes the need for quality education and supervision of counselors for all work settings.

KS Association of Multicultural Counselors & Development (KAMCD) strives to improve cultural, ethnic, and racial empathy & understanding by programs to advance & sustain personal growth.

KS Association of Marriage and Family Counselors (KAMFC) develops healthy family systems through prevention, education, and therapy.

KS Association for Specialists in Group Work (KASGW) establishes standards for professional training, and supports research, and the dissemination of knowledge.

KS College Counseling Association (KCCA) fostering student development in colleges, universities, and community colleges.

KS Career Development Association (KCDA) provides professional development, connection, publications, standards, and advocacy to career development professionals who inspire & empower individuals to achieve their career/life goals.

<u>KS Mental Health Counselors Association (KMHCA</u>) is an interdisciplinary division dedicated to maintaining and improving the quality of mental health counseling.

You can mail this completed form with a check to the KCA Executive Director. If paying by credit card, please fill out the following information and scan or mail it to KCA Executive Director.

I hereby authorize KCA to charge my dues to my credit card.

NAME ON CREDIT CARD:	
Credit Card Number:	Expiration Date:
Billing Zip:	Security Code: