

MEMBER APPLICATION

- a) Membership in AAPC is open to all who support AAPC's mission to bring healing, hope, and wholeness to individuals, families, and communities.
- b) The primary benefit of membership is to be a formal participant in the dialogue on the integration of spirituality and one's professional practice.
- c) Members abide by all professional standards applicable to one's professional practice and license and pay annual dues.
- d) As a Member you are:
 - 1. required to pay annual dues,
 - 2. encouraged to attend Regional meetings,
 - 3. eligible to vote in Regional business,
 - 4. eligible to hold leadership positions.
- e) Application Review Process: Administration staff will process, review and approve Member applications.
- f) Please complete this membership application and mail, fax or email it to:
 - AAPC
 - c/o RMK Productions
 - 200 Little Falls St., Suite 205
 - Falls Church, VA 22046
 - Fax: +1.703-884-9165
 - Email: info@aapc.org

DUES are determined by each region and an invoice is sent after the application is processed.

AMERICAN ASSOCIATION OF PASTORAL COUNSELORS

MEMBER APPLICATION

(Please PRINT/TYPE all information clearly)

The following information will assist us in serving you. Thank you for your application.

Date: _____

Member No.: _____
(To be assigned)

I. PERSONAL

Name _____
(Last) (First) (Middle)

Official Mailing Address: _____

(City) (State) (Zip - 9 digits)

Work: _____ Home: _____ Cell: _____

Fax No: _____ E-mail Address: _____

Date of Birth: _____ Gender: _____ Religious Affiliation: _____

Race: (For Demographics)
African American _____ Asian _____ Caucasian _____ Hispanic _____ Other _____

Highest degree achieved: _____ Licenses held (if applicable): _____

II. CURRENT PROFESSIONAL POSITION

A. Employer: _____

Address: _____

Position: _____

B. AAPC Participation:

What benefit(s) personally, professionally, do you wish to gain as a member? _____

What skills, interests, etc. do you bring as a member? _____

How do you wish to be involved in AAPC? _____

Applicant's Name: _____ Date: _____

Have you ever been under disciplinary action by any professional organization or licensing board, or have you ever had a felony conviction? **YES** **NO** If yes, please attach a brief description of the issue and the action taken.

III. STATEMENT OF COMPLIANCE

I understand the responsibilities of membership in the American Association of Pastoral Counselors ("AAPC"), including my obligation to abide by all professional standards applicable to my professional practice. I further understand that membership in AAPC does not confer any professional standing, licensure, certification, accreditation, endorsement, or authority to practice pastoral counseling or provide any other professional service. I agree that I will not make any representation that my AAPC membership constitutes an endorsement or qualifies me to provide pastoral counseling or any other kind of professional service.

I also understand that personnel of the Association will review and act upon this application, and I agree to hold such personnel, the Association, and its officers and agents harmless with respect to action they may take in connection with such review.

Date

Signature