



F.A.C.C.T.

Federal Association of Christian Counselors and Therapists, Inc.

Application for Membership

Please print, sign, and mail to the address on page 3.

Name (Dr. Rev. Mr. Mrs. Ms.) _____ Date _____

Address _____ Home Phone _____

_____ Cell Phone _____

Email _____ Work Phone _____

Church Attending _____ Denomination _____

Membership Level Applied For (See page 3) _____ Amount Enclosed \$ _____

Please check one: ☐ I am a new member.

☐ I am renewing my Membership. My membership number is _____

Statement of Purpose:

To be an association of Christian Counselors joining together to provide education, instruction, and other services that will promote the ministry of Christian Counseling while glorifying God, nurturing people in Biblical faith and spreading the gospel of Jesus Christ.

To promote professional competence, support, ethics, and growth among its members.

To provide pastoral and human relations counseling in appropriate locations to those who need and request such ministry.

To integrate faith and reasoning with the behavior sciences and protect the general public and church at large.

To develop and provide competent professional testing systems, methods, and procedures for use by Christian Counselors, Pastors, Practitioners, Clinical therapists, and members.

To certify or license Ministers, Christian Counselors, Clinical Christian Therapists, Pastoral Counselors, Christian Social Workers, Clinical Christian Psychologists, etc.

To define, establish, and maintain professional standards and ethics which verify the members' qualifications of professional knowledge and practice.

To act with charitable concern for, and to help, not only members of this corporation, but also all people in need of any help which this Corporation can give, regardless of race, social position, or religious affiliation, to develop and carry out programs of social action for poor, widowed, orphaned, afflicted, imprisoned, underprivileged, or aged persons, both within and without this Corporation;

To organize the membership into geographic regions, or districts.

To support and encourage communication and extension of the Christian life and witness by sound and comprehensive preaching and teaching of biblical principles to all people, both within this Corporation and elsewhere, not only by conventional modes, but also by all means which will accomplish such communication developed by modern technology.

To recognize, support, and cooperate with the ministries established by God, to equip believers to fulfill their respective functions as members of the Body of Christ, and to bring the whole body of Christ to unity, maturity, and completion.



Statement of Faith:

By signing this with my known legal name, I hereby agree to the following statements:

That I have accepted Jesus Christ, the Son of God, as my Savior and Lord, by –

- 1.) Believing that He died on the cross for my sins (Romans 3: 23 – 24)
- 2.) Understanding that the wages of sin are death, hell, and separation from God.
- 3.) That Jesus granted me eternal life (John 3: 16, Romans 6: 23)
- 4.) That by confessing my sins with my mouth to the Lord Jesus, and by believing in my heart that God has raised Him from the dead, I am saved. I have believed in my heart and have confessed with my mouth.
- 5.) For by grace am I saved through faith and not by works, it is a gift of God, not of works, lest I should boast. (Eph. 2: 8 – 10)
- 6.) By attempting to follow the Lord Jesus Christ and His directions as a counselor or therapist for His sake, and those whom I will serve in His name, and that I will live up to FACCT's commission of my certification or license.

Applicant's Signature

Date

By signing this, I acknowledge that I am a Christian and I agree with and Support the F.A.C.C.T. Statement of Purpose and F.A.C.C.T. Statement of Faith.
Signature must be an actual physical signature, not electronic/stamp.
Applicant's signature **must be notarized**.

Notary signature, stamp/seal & date:



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F.A.C.C.T. Membership Levels

PROFESSIONAL MEMBER – Holds a Doctorate in an acceptable field, or is a doctoral candidate approved by the FACCT Board of Directors.

\$100.00 per year

FULL MEMBER – Must hold at least a Master's Degree, or has at least 15 credit hours towards a Master's Degree.

\$75.00 per year

REGULAR MEMBER – Holds an undergraduate degree in an acceptable field or is working on an undergraduate degree in a counseling-related field or equivalent.

\$50.00 per year

ASSOCIATE MEMBERSHIP – This is a supporting membership, and one need only be a Christian who would like to support FACCT and receive a certificate as such.

\$25.00 per year

STUDENT MEMBER – A person who is enrolled in a FACCT approved undergraduate or counseling related program.

\$15.00 per year

Please return this application, with the appropriate fee, to:

Federal Association of Christian Counselors & Therapists, Inc.

Attn: Rev. Kevin M. Drinka, Membership Chair

611 S. Main Avenue

Groveland, FL 34736

Office: 352-429-5600

Fax: 352-429-1206

E-mail: FACCT93@outlook.com