



# F.A.C.C.T.

Federal Association of Christian Counselors and Therapists, Inc.

## Application for Membership

Please print, sign, and mail to address on page 2.

Name (Dr. Rev. Mr. Mrs. Ms.) _____		Date _____
Address _____	Home Phone _____	Cell Phone _____
Email _____	Work Phone _____	Fax _____
Church Attending _____	Denomination _____	
Membership Level Applied For (See page 2) _____		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 Christians 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.

**Notary signature, stamp/seal & date:**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

By signing this, I acknowledge that I am a Christian and I agree with and support the above Statement of Purpose. Signature must be actual physical signature, not electronic. First time applicant's signature must be notarized. Renewals need only to be signed by member.

## FACCT 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**

**SUPPORTING PARTNER** - Those who support FACCT at any amount they choose.

**Please return application, with 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](mailto:FACCT93@outlook.com)**