

Renewals need only to be signed by member.

F.A.C.C.T.

Federal Association of Christian Counselors and Therapists, Inc.

Application for Membership

Please type, then print, sign, and mail to address on page two.

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 a		My membership number is
Statement of Purpose:		
To integrate faith and reasoning of To develop and provide competer Practitioners, Clinical therapists, an To certify or license Ministers, Clinical Christian Psychologists, et To define, establish, and main knowledge and practice. To act with charitable concern for this Corporation can give, regardles for poor, widowed, orphaned, afflice To organize the membership into To support and encourage comments.	lations counseling in appropriate lowith the behavior sciences and protect professional testing systems, method members. Christian Counselors, Clinical Christian Counselors, Clinical Christian professional standards and ethor and to help, not only members of the sof race, social position, or religious ted, imprisoned, underprivileged, of geographic regions, or districts. Unication and extension of the Christian professional standards and ethors.	cations to those who need and request such ministry. Eact the general public and church at large. Index, and procedures for use by Christian Counselors, Pastors, Itian Therapists, Pastoral Counselors, Christian Social Workers Ics which verify the members' qualifications of professional In this corporation, but also all people in need of any help which I us affiliation, to develop and carry out programs of social action I aged persons, both within and without this Corporation; I stian life and witness by sound and comprehensive preaching I aration and elsewhere, not only by conventional modes, but also
by all means which will accomplish	such communication developed by rate with the ministries established	with modern technology. by God, to equip believers to fulfill their respective functions a
		Notary signature, stamp / seal, & date:
Applicant's Signature	Date	
By signing this, I acknowledge that I an support the above Statement of Purpose signature, not electronic. <i>First time</i> app.	. Signature must be actual physical	·

MEMBERSHIP LEVELS

PROFESSIONAL MEMBER – Has a doctorate in an acceptable field or is a doctoral candidate approved by the FACCT Board of Directors. **\$100.00 per year**

FULL MEMBER – Holds at least a master's degree or has at least 15 credit hours towards a Master's Degree. **\$75.00 per year**

REGULAR MEMBER – Has or is working on 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 enrolled in an FACCT approved undergraduate or counseling related program. **\$15.00 per year**

Please return application, with appropriate fee, to:

Federal Association of Christian Counselors and Therapists, Inc.
Attn: Dr. Rodney Paige, Membership Chair
611 S. Main Avenue
Groveland, FL 34736

Office: (352)429-5600 Fax: (352)429-1206

E-mail: FACCT93@embarqmail.com