



## 2012 MEMBERSHIP FORM

Nashville Area Association of Christian Counselors  
[www.NashvilleAACC.org](http://www.NashvilleAACC.org)

**Please print clearly.**

Today's Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Degree(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

Agency Name, if applicable: \_\_\_\_\_

Office Address: \_\_\_\_\_ City/ State/Zip code: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2nd Office Address: \_\_\_\_\_

Preferred Mailing Address, if different than above: \_\_\_\_\_

Profession: \_\_\_\_\_

License and/or Certification(s): \_\_\_\_\_

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**Please check up to a total of 4 areas of interest which will be on the web site:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Addictions   | <input type="checkbox"/> Eating Disorders                    | <input type="checkbox"/> Mood Disorders                             |
| <input type="checkbox"/> Adoption   | <input type="checkbox"/> Education                           | <input type="checkbox"/> Parenting                                  |
| <input type="checkbox"/> Anxiety Disorders                                    | <input type="checkbox"/> EMDR                                | <input type="checkbox"/> Personality Disorders                      |
| <input type="checkbox"/> Assessments  | <input type="checkbox"/> Families/ Step Families             | <input type="checkbox"/> Pregnancy/ Crisis Pregnancy/ Post Abortion |
| <input type="checkbox"/> Attention Deficit/ Hyperactivity Disorder            | <input type="checkbox"/> Financial Management                | <input type="checkbox"/> PTSD                                       |
| <input type="checkbox"/> Career/ Vocational                                   | <input type="checkbox"/> Geriatrics/ Older Adults            | <input type="checkbox"/> Sexual Abuse                               |
| <input type="checkbox"/> Children/ Adolescents                                | <input type="checkbox"/> Grief Issues                        | <input type="checkbox"/> Sexual Issues                              |
| <input type="checkbox"/> Co-Dependency  | <input type="checkbox"/> Group Work                          | <input type="checkbox"/> Spiritual Concerns/ Pastoral Counseling    |
| <input type="checkbox"/> College Students                                     | <input type="checkbox"/> Homeless/ Indigent                  | <input type="checkbox"/> Women's Issues                             |
| <input type="checkbox"/> Communication/ Conflict Resolution/ Anger Management | <input type="checkbox"/> Individuals                         | Other: _____  |
| <input type="checkbox"/> Domestic Violence                                    | <input type="checkbox"/> Marriage/ Premarital/ Relationships |   |
| <input type="checkbox"/> Dissociative Disorders                               | <input type="checkbox"/> Medication Management               |   |
| <input type="checkbox"/> Divorce Recovery/ Singles                            | <input type="checkbox"/> Men's Issues                        |   |
|   | <input type="checkbox"/> Mentoring/ Supervision              |   |

**CHOOSE ONE:**

**Regular Membership:** \$50.00 \_\_\_\_\_

Free NAACC website listing included in the cost of the membership.

\*\*\*\*\*I would like to be listed on the web site (for regular members only). Please initial: Yes \_\_\_\_\_ No \_\_\_\_\_

**Associate Membership:** \$20.00 \_\_\_\_\_

[Open to those in helping ministries, and students, etc. not meeting requirements for Regular Membership.]

Please mail your check, payable to NAACC, and this form to:

**NAACC Membership  
 PO Box 3433, Brentwood, TN 37027**