



**PRINCE EDWARD ISLAND COUNSELLING
ASSOCIATION**

Application for Membership

PERSONAL INFORMATION	PROFESSIONAL QUALIFICATIONS
Name: _____	Highest Degree: _____
Address: _____	University: _____
Phone : (work) _____	Year of Graduation: _____
(home) _____	Area of Specialization: _____
Fax: (work) _____	Work Setting: _____
(home) _____	Membership Category: _____
E-mail: _____	

DECLARATION

1. I confirm that I do not have a criminal record that might prejudice my work as a counsellor.
OR
I attach details of conviction(s) to be taken into account in considering this application for membership.

2. I confirm that I have not been dismissed from employment or refused membership in a professional association or registration in counselling or a related field, on the grounds of professional misconduct in Canada or elsewhere.
OR
I attach details of matters or sanctions to be taken into account in considering my membership application.

3. As a member of the Prince Edward Island Counselling Association I do hereby pledge to uphold the *CCA Code of Ethics* at all times.

Signature: _____ Date: _____

SUBMIT CHEQUE PAYABLE TO:	PEI Counselling Association % Judy MacDougall, Three Oaks Senior High School 10 Kenmoore Ave., Summerside PEI C1N 4V9
----------------------------------	---