



**The American Counseling Association, Virgin Islands Branch**  
**Membership Application**



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Are you a current member of the American Counseling Association?  Yes  No

**Are you a:**

- Rehabilitation Counselor
- Private Counselor
- Clinical Mental Health Worker
- Social Worker
- School Counselor
- National Certified Counselor
- Psychologist
- Other