



Ohio Mental Health Counselors Association

*A State Chapter of the American Mental Health Counselors Association
A Division of the Ohio Counseling Association*

Web: www.ohmhca.org

MEMBERSHIP APPLICATION

Membership fees are for one year beginning with the date this application is processed.

Date _____

Please Print

Last Name: _____ First _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone(s):

Home: _____ Work: _____ Cell: _____

Email Address: _____

Do you want to be included in the OMHCA Listserv? Yes No

Current Position: _____ License Number: _____

Who should we thank for referring you to OMHCA? _____

Membership Status (Please check one): Renewing New Member Student Member

Professional Membership Dues: \$25.00

Student Membership Dues: \$12.50 _____
College/University

For Student Members- Advisor's Signature: _____
Anticipated Graduation Date: _____

I would like to participate in the following OMHCA activities:

- | | |
|---|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Public Policy and Legislative Affairs |
| <input type="checkbox"/> Professional Development (CEU) | <input type="checkbox"/> Public Awareness Activities |
| <input type="checkbox"/> Professional Issues/Projects | <input type="checkbox"/> Other, please specify _____ |

Return completed application & check (payable to OMHCA) to:

OMHCA

c/o Timothy Luckhaupt, Membership & Finances Director

8312 Willowbridge Place

Canal Winchester, OH 43110