



EUROPEAN BRANCH OF THE AMERICAN COUNSELING ASSOCIATION  
(EB-ACA)



MEMBERSHIP APPLICATION

Professional/Regular \$70.00  
Student \$35.00  
Membership Certificate \$10.00

Please Circle:  
NEW RENEWAL

CHECK# \_\_\_\_\_ Pay to: EB-ACA

Date: \_\_\_\_\_

Title: Mr. Mrs. Miss Ms. Dr. Other \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Military ID Card Holder? YES NO Gender: FEMALE MALE

CONTACT INFORMATION. *(Attach card if you have one).*  
The following is Public Domain Information and will be published in the EB-ACA Membership Directory.

Work Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DSN Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Civ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

STUDENTS ONLY

I'm claiming student status: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)  
Faculty Member: \_\_\_\_\_ Initials: \_\_\_\_\_  
(Print Name)

The following is not Public Domain and will not be published.

**Please check appropriate work setting(s):**  
a. Alcohol and Drug d. Schools/University g. Mental Health  
b. Family Advocacy e. Chaplain h. Private Practice  
c. ACS/Family Support f. Nurse i. Other \_\_\_\_\_

**Licensed:** NO YES If Yes: State: \_\_\_\_\_ Certified by: \_\_\_\_\_

**ACA Member:** NO YES If Yes: Division: \_\_\_\_\_

Would you like information about becoming a member of the National American Counseling Association? YES NO

MAIL TO:

Susan Stammerjohan or Susan Stammerjohan  
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APO AE 09180 67686 Mackenbach

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*The EB-ACA newsletter will be sent only electronically to addresses outside Germany, unless an APO address is provided.*