Membership Application
Kentucky Mental Health Counseling Association

KMHCA
kmhca.net

☐ LPCA ☐ LPCC

Name | License

Contact Information

Please check the box next to the contact method you prefer.

☐ Home Address | City, State | ZIP

☐ Work Address | City, State | ZIP

☐ Home Email | ☐ Work Email

☐ Home Phone | ☐ Work Phone

Membership

☐ **$40** Professional

☐ **$20** Student

☐ **$20** Retiree

☐ **$10** Emeritus
Available to members who have served for more than 25 years.

☐ Past President
☐ Lifetime Member
Lifetime memberships are still honored, but are no longer available.

Please enclose payment with your application!

Please enclose a check or money order for the amount of your membership with this completed application. Checks or money orders should be **paid to the order of KMHCA**.

Please mail application and dues payment to:

Sarah Hurt, Treasurer
KMHCA
PO Box 2234
Danville, KY 40423-2234

kmhca@yahoo.com