



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

Email: omhca@yahoo.com

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: _____

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

Professional Membership Dues: \$25.00

Student Membership Dues: \$12.50 _____

Advisor Signature

College/University

I would like to participate in the following OMHCA activities:

Membership

Professional Development (CEU)

Professional Issues/Projects

Public Policy and Legislative Affairs

Public Awareness Activities

Other, please specify _____

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

OMHCA

c/o Ruthann Anderson, Treasurer

P. O. Box 118

Mt. Pleasant, OH 43939

omhca@yahoo.com