

# MEMBERSHIP APPLICATION

## Missouri Addiction Counselors Association

NAME \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Current Employer \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE WORK (     ) \_\_\_\_\_

HOME (     ) \_\_\_\_\_

FAX NUMBER (     ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MACA RECRUITER \_\_\_\_\_

.....  
**DUES**  
.....

**\$50.00 per year**

\*\*\* Membership is free if you come to a conference.

Method of payment: Check\_\_ Master Card\_\_ Visa\_\_ Discover Card\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_ Verification Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Name on Card \_\_\_\_\_

Email address for name on card \_\_\_\_\_

Signature \_\_\_\_\_

Make checks payable to MACA and return, with this form to:

MACA  
P.O. Box 459  
Seymour, MO 65746

Questions?

Linda Christian-Dinwiddie, MACA Executive Secretary

Phone: 417-554-1412, E-mail: maca@socket.net, Web: missouriaddictioncounselors.org

Membership in MACA is not refundable.

I agree to abide by the MACA Codes of Ethics.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_