

**Catawba Valley Association of Counselors and Therapists  
(CVACT)  
Membership Renewal Application**

To be in accordance with CVACT bylaws, the fiscal year is September 1 – August 31, and membership renewal begins September 1.

Please complete and sign the following form with your current contact information.

Name (with credentials) \_\_\_\_\_

Business/ Organization \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Website \_\_\_\_\_

Email \_\_\_\_\_

Specialty Areas of Focus (Optional)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Populations Served (please circle):    Child      Adolescent      Adult      Senior

**MEMBERSHIP CATEGORIES (for Membership Renewals)**

Member \$25

Student Affiliate \$10 (Please attach a copy of student ID to verify student status.)

**PLEASE NOTE: To be included in the Directory, Website, Wellness Fair, and eligible for continuing education credit, MEMBERSHIP DUES MUST BE CURRENT AND PAID IN FULL BEFORE JANUARY 1. Membership fees are collected annually. Please make checks payable to CVACT and mail completed application with appropriate dues to:**

Debbie Punch  
828 8th Ave NE  
Hickory, NC 28601

Paid by Check#: \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*