

KELLER COUNSELORS ASSOCIATION

Member Application

Are you a new member? ☐ Yes ☐ No, I just need to update the following information.

Provider Name:

License Type:

License #:

Practice Name:

Address:

City:

State:

Zip:

Office Phone:

Cell Phone:

Website:

Email Address:

Primary Specialties:

Languages Spoken:

Insurance Panels Accepted:

Available Payment Options: ☐ Cash ☐ Check ☐ Credit Card ☐ Other_____

Appointment Times Available: ☐ Daytime (M-F) ☐ Evening ☐ Weekend

Credentialed Supervisor: ☐ No ☐ Yes – licensure:_____

Do you want to be included on our mailing list? ☐ Yes ☐ No

Description of your practice for the KCA brochure and website:

Sign me up for the following membership level! My fee is attached.

☐ **Regular Membership** - \$50 annual fee includes listing on the website and Facebook page.

☐ **Premier Membership** - \$100 annual fee includes listing on our website, Facebook page and brochure.

☐ I give permission to Keller Counselors Association to publish this information in their brochure and on their website.

☐ I would prefer that my information not be published

Please return your completed application to:

Lisa Elieson, KCA President, 1664 Keller Parkway #100, Keller, TX 76248