

Mental Health Counselors of Greater Rochester
A Chapter of NYMHCA
Membership Application

*Make checks out to **Mental Health Counselors of Greater Rochester** and send to
Susan Roxin, 23 Avon Road, Rochester, NY 14625
Any questions please call her at 585-385-4907 or sfroxin@yahoo.com*

Professional Membership- \$25.00 Student Membership- \$15.00
Associate Membership- \$15.00

**All members of Mental Health Counselors of Greater Rochester are also
required to be members of NYMHCA**

Name _____

Home Address _____

State membership number (NYMHCA) _____

Highest degree _____

Graduated from _____ Year graduated _____

If student, institution attending _____

Anticipated date of graduation _____

Type of work _____

Work address _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Any specialty you have or topic you may be willing to share with your chapter at a
local meeting? _____

Programs/topics you are interested in knowing more about? _____

***Dues are renewed on the anniversary date of your first application.**