



Name: (Last) _____ (First) _____

Address: _____

Work Information: _____

Cell #: _____ Work # _____ Home # _____

Email: _____

School Counselor Private Practice LPC Retired Student

Mail check to: Ruth Ann Teague, NCTCA Membership, 5000 White Oak Ln., Fort Worth, TX 76114

Or, better yet, simply bring it with you to our next meeting!!

Membership Dues: Regular- \$25 Retiree- \$20 Full-Time Student- \$15