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ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.

**MEMBERSHIP APPLICATION FORM
for Student Affiliates, Retired Members, and Individual Members**

CONTACT INFORMATION:

Full Name: _____

Mailing Address: _____

Work phone: _____ Home phone: _____

Fax: _____ E-mail: _____

*Include your email address to be sent a login and password to the Members Only section of the ACPE website!
Home phone numbers are not published in ACPE Directories or listed on the webpage.*

I wish to apply for membership in ACPE as a:

- \$65.00 Student Affiliate (enrolled at: _____)
- \$65.00 Retired Member
- \$105.00 Individual Member

*All members receive the ACPE News, the Journal of Pastoral Care & Counseling, and other mailings.
Clinical Member applicants must send in the Clinical Member application obtained from the website or ACPE office.*

This information is gathered for statistical purposes and is requested but not required: _____ Female _____ Male

Denomination: _____

FORM OF PAYMENT

ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS CHARGE PAYMENTS

<input type="checkbox"/> CHECK OR <input type="checkbox"/> CHARGE

CHECK \$ _____ CHECK # _____

Amex Discover MasterCard Visa CHARGES \$ _____ EXP. DATE _____

CARD ACCT#: _____

NAME AS APPEARS ON CARD: _____

SIGNATURE OF CARD HOLDER: _____