



International Association of Counselors and Therapists

Mailing Address: 8852 SR 3001 Laceyville, PA 18623
Phone: +1 (570) 869 - 1021 | **Fax:** +1 (570) 869 - 1249
Website: www.IACT.org | **E-mail:** staff@iact.org

MEMBERSHIP RENEWAL FORM

***PLEASE PRINT CLEARLY!** We are not responsible for misspellings on certificate/card if NOT legible.

PERSONAL INFORMATION

Name on Certificate :	<input type="text"/>		
First Name :	<input type="text"/>	Last Name :	<input type="text"/>
Mailing Street :	<input type="text"/>		
City :	<input type="text"/>	State/Prov. :	<input type="text"/>
Country :	<input type="text"/>	Postcode :	<input type="text"/>
E-Mail :	<input type="text"/>	Website :	<input type="text"/>
Home Phone # :	<input type="text"/>	Bus. Phone # :	<input type="text"/>

TRAINING AFFIDAVIT

I am fully aware of the fifteen (15) continuing education hours (CEUs) required to maintain my annual membership status with the IACT. My signature below verifies compliance that these requirements have been fulfilled. Should a random audit be issued, I will furnish CEU records for validation.

Signature : _____ **Date** : _____
electronic signature (typed name) accepted

DELIVERY OPTIONS

Please select **one** preferred method of delivery from the following available options:

- | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> FREE United States Postal Service (USPS) | <input type="checkbox"/> I will send a PREPAID, SELF-ADDRESSED label. |
| <input type="checkbox"/> Digital Certificate (printable quality) ONLY | <input type="checkbox"/> I will arrange courier service. |

PAYMENT INFORMATION

Annual Membership Renewal fee = \$117 USD

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Upgrade your Standard 'Find a Practitioner' website directory listing to FEATURED for only \$25/year.
<small>*Available to Certified & Professional Members ONLY</small> | <input type="checkbox"/> Check # : _____ <small>(MUST be drawn from US bank)</small> |
| <input type="checkbox"/> Credit/Debit <small>(Visa, MasterCard, Discover, American Express)</small> | <input type="checkbox"/> PayPal : https://tinyurl.com/TheIACT |
| <input type="checkbox"/> EXP : <input type="text"/> / <input type="text"/> Security Code : <input type="text"/> | <input type="checkbox"/> Online : https://tinyurl.com/IACT-Payment |

I hereby swear and attest that all information provided on this renewal form is true and complete to the fullest extent of my knowledge. If I am accepted, IACT may end the relationship immediately if I have made any false statements or material misrepresentations, written or verbal. I hereby release and agree to hold harmless from liability the International Association of Counselors and Therapists, the officers, employees, volunteers thereof, and/or any other person or organization that may provide such information.

Signature : _____ **Date** : _____
electronic signature (typed name) accepted