

National Association of Faith-based Counselors
 NAFC Application for Membership and Certification

(Name) _____

(Organization Name) _____

(Address) _____

(City/State/Zip) _____

(Phone / Fax) _____

(Email) _____

(Website URL) _____

Name, address, and phone # of your local church _____

Check the box(s) indicating the services that you provide			
<input type="checkbox"/>	1. Marriage & Family Counseling	<input type="checkbox"/>	5. Sexual Abuse
<input type="checkbox"/>	2. Drug / Alcohol Recovery	<input type="checkbox"/>	6. Grief / Loss Counseling
<input type="checkbox"/>	3. Sexual Addictions	<input type="checkbox"/>	7. Anger
<input type="checkbox"/>	4. Deliverance and Breaking of Curses	<input type="checkbox"/>	8. Ex-Offender Relapse

Check Option(s)	Application level	Rate	Amount
	INSTITUTE MEMBER	\$49	
	ASSOCIATE MEMBER	\$49	
	CERTIFIED PASTORAL COUNSELOR (CPC) Option 1	\$69	
	CERTIFIED PASTORAL COUNSELOR (CPC) Option 2	\$69	
	CERTIFIED PASTORAL COUNSELOR (CPC) Option 3	\$69	
	CERTIFIED CHRISTIAN THERAPIST (CCT)	\$79	
	CERTIFIED PROFESSIONAL PASTORAL THERAPIST (CPPT)	\$89	
	Examination Fee	\$49	
		TOTAL	

By signing this application I agree to abide by the Code of Ethics of the National Association of Faith-based Counseling. I also agree to protect, defend, indemnify and hold NAFC, its directors, officers, and parent corporation harmless from and against all claims, proceedings, damages, liabilities, judgments, penalties, liens, forfeitures, fines, costs, expenses, attorney's fees, costs of settlement, and other losses, consequently, directly or indirectly incurred as a result of or arising out of being a member or certified with NAFC.

I am enclosing a check in the amount of \$ _____. The check number is _____.

Please bill my credit card in the amount of \$ _____. The billing zip code is _____.

My card # is _____ and it expires on _____.

Signature

Date

Please include all applicable photocopies of degrees, license, and resume, etc.

NAFC P.O. Box 20723 Beaumont, TX 77720-0723	www.faithcounselors.com NAFC@faithcounselors.com 409-832-9060 Fax: (409) 832-7224
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