



THE ASSOCIATION OF  
COUNSELLING THERAPY  
OF ALBERTA

## Student Membership Application

Step one: Create an online account here: [ACTA \(alinityapp.com\)](http://ACTA(alinityapp.com))

Step two: Complete and email this application as an attachment to: [info@acta-alberta.ca](mailto:info@acta-alberta.ca)

### Contact information:

Date (MM/DD/YYYY): \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

### Current Enrollment for Education:

Current College/University Program Name: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Expected Graduation Date (MM/DD/YYYY): \_\_\_\_\_

Expected date of completion of supervision, currency, and direct client contact hours (i.e., expected date you will qualify for membership to ACTA through the intermediate route. Click [here](#) for more information. For most people, if you are working full time, this will be about a year after graduation)

[MM/DD/YYYY]: \_\_\_\_\_

Please read and acknowledge the following:

**Attestations:**

1. All the information I have provided to ACTA is accurate. I further understand that I have an obligation to advise ACTA as soon as information I have provided under this application has changed.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

2. I am a student (part time or full time) of a Counselling Therapy, Addiction Counselling or Child and Youth Care Counselling Program, or I am currently actively attaining the required supervision, currency or direct client contact hours required for application to ACTA through the Intermediate Route.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

3. I currently do not qualify for ACTA membership through the Intermediate Route.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

4. I understand that my student membership does not guarantee that I will be accepted as an ACTA member for grandparenting in the CCTA, nor does it provide any advantage when applying to ACTA or CCTA in any other category of membership.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

5. I understand that my student membership will terminate upon proclamation of the CCTA. \*Please note that we will assist students in understanding their pathway into the CCTA.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

6. I understand that I must advise ACTA when I qualify to apply through the Intermediate Route. I further understand that when I qualify to apply to ACTA through the Intermediate Route, my student membership terminates, and I must apply through the Intermediate Route to maintain a membership with ACTA.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

7. I give ACTA permission to contact me through the contact information I have given for any reason related to ACTA business, including advocacy.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

8. I understand that I must renew my ACTA student membership annually by April 1, according to ACTA's policies.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_

9. I understand that false or misleading statements made to ACTA, under this application or otherwise, can become negative considerations in my future applications to, or renewals with, ACTA or CCTA.

Print form and initial here: X\_\_\_\_\_ or fill in your initials here as verification: \_\_\_\_\_