



IRISH ASSOCIATION OF CHRISTIAN COUNSELLORS

NAMETitle (Mr./Mrs./Miss/Ms.)

ADDRESS.....

.....

PHONE NO.....

EMAIL ADDRESS.....

OCCUPATION.....

CURRENT INVOLVEMENT IN CHRISTIAN COUNSELLING, TRAINING, OR PASTORAL CARE (if any)

.....

ANY CHURCH AFFILIATION?.....

I wish to apply for Associate membership and enclose €40.00 (tick the box)

DATE..... SIGNED.....

Send form and payment to:

IACC, THE RIASC CENTRE, FELTRIM RD, KINSEALY, SWORDS, CO DUBLIN