

# Rochester Area Person-Centered Association

## RAPCA

### Membership Form

I, \_\_\_\_\_ would like to be a member of the  
Rochester Area Person-Centered Association. My contact information is:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Profession \_\_\_\_\_

The information above will appear in the "Membership Directory" on RAPCA's public website, unless you check the boxes below. If you check a box, that information will NOT appear in the Directory.

Name    Address, City, etc.    Email    Phone    Profession

Check Dues Category:  \$15 Professional    \$10 Student

Would you like your contact information to appear in the part of RAPCA's website called "Find a Person-Centered Counselor or Consultant"? Check "Yes" or "No"

Yes. Include me in the following category below.    No

Mental Health Counselor    Marriage & Family Counselor/Therapist  
 Psychotherapist    School Counselor    Life Planning Consultant

If you checked "Yes" but there is information you don't want to appear in this section, indicate which information NOT to include here. Conversely, write in any additional contact information you DO want included:

---

Please make checks payable to the "**Rochester Area Person-Centered Association**" and mail to: Dr. Rachel Jordan, St. John Fisher College, Wegman's School of Nursing, 3690 East Avenue, Rochester, NY 14618