



MEMBERSHIP RENEWAL

All members must complete and return this form with their dues, and liability insurance to have their license renewed.

CCTNB dues are as listed below:
LCT and LCT-C: \$460.00
Associate/Retired & Student: \$75.00

Please note: Dues, renewal form, and an updated liability insurance must be provided by **May 1st** of the current year. **Late Fees:** Dues and liability insurance not received by **May 31st**, are subject to a \$25.00 late fee. If not received by **June 15th**, an additional fee of \$5.00 per day until **July 15th** will be charged. Membership will become Inactive if dues, renewal form, insurance, and additional fees are not paid by **July 15th**.

Payment options:

- Email **form** to info@cctnb.ca and auto-deposit **e-transfer** to dues.cotisation@cctnb.ca (If password required use: Collegefees)

OR

- Mail form and cheque to CCTNB, 205-236 St. Georges Street, Moncton, NB E1C 1W1

Member Information

Full Name: _____ LCT/LCT-C #: _____

Full Address: _____ New Address? YES / NO

Email: _____ Phone: _____

Employer Address: _____

Workplace (please select): Private Practice School Counsellor University Other:

Professional Conduct Statement

I, _____, from _____
The undersigned (print) *City/Province*

hereby declare that since my last membership renewal with the college I _____ been
have / have not

found guilty of professional misconduct, incompetence, incapacity, a criminal offence, or had my liability insurance revoked, in the practice of counselling therapy.

If I indicated I have been found guilty, I have included details here:

Declaration

I certify that all of the information included in this form is correct and accurate in all details in consideration of which I wish to renew my license as a Licensed Counselling Therapist (LCT) or Licensed Counselling Therapist – Candidate (LCT-C).

Member Signature: _____ Date: _____

In the future, are you interested in becoming a volunteer on a committee or board for CCTNB? YES / NO