**PA ASSOCIATION OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER ISSUES IN COUNSELING**

PALGBTIC

Division of the Pennsylvania Counseling Association (PCA) and Chapter of the Association of Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC)

MISSION

The mission of PALGBTIC is to:

* Promote a greater understanding of lesbian, gay, bisexual, and transgender issues among members of the counseling profession.
* Improve standards and delivery of counseling services to lesbian, gay, bisexual, and transgender persons.
* Identify and work to eliminate conditions which create barriers to the individual development of such persons.
* Develop, implement, and be proactive in educational programs and publications which further the interests of the LGBT community.
* Secure equality of treatment and all other civil rights accorded minority groups in society.

**COMMITMENT TO SOCIAL JUSTICE & ADVOCACY**

PALGBTIC is a vibrant division with members active at the local, state, and national level.

PALGBTIC members have been involved with:

* Legislative advocacy
* Promoting state-level hate crime legislation that includes protections for sexual and gender minorities
* Working to block a discriminatory marriage amendment to the PA state constitution
* Working to end employment discrimination in PA
* Coordinating the *Multicultural Social Justice Leadership Development Academy* at ACA
* Developing and implementing LGBT-affirmative mental health services standards for the state of Pennsylvania
* Developing the *ALGBTIC Transgender Competencies* ([**http://www.algbtic.org/**](http://www.algbtic.org/) )
* Developing and implementing *Safe Zone* trainings and spaces on college and university campuses ([**http://safezonefoundation.tripod.com/**](http://safezonefoundation.tripod.com/) )

**Membership**

Membership is open to all individuals who are engaged in or have a primary interest in counseling. Interested individuals can include membership with PALGBTIC through their PCA membership at [www.pacounseling.org](http://www.pacounseling.org), or by completing the attached form. PALGBTIC membership is only an additional $10.00 (ten dollars) annually. Members can annually renew with their PCA membership.

**For more information about PALGBTIC activities and membership, please contact:**

Ryan Gruber, PALGBTIC President

[gruber.ryan@gmail.com](mailto:pdatti@yahoo.com)

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**OUR MEMBERS ARE…**

LGBT individuals and allies are from all walks of life and all over the state, including students, practitioners, supervisors, and educators. Our quarterly meetings are enjoyable, productive and open to all.

**MEMBERSHIP APPLICATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLACE OF EMPLOYMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGHEST ACADEMIC LEVEL COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_\_\_\_\_

NAME OF INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AREA OF SPECIALIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEMBERSHIPS HELD (check all that apply):

\_\_\_ American Counseling Association

\_\_\_ PA Counseling Association

\_\_\_ ALGBTIC

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL CERTIFICATIONS & LICENSES HELD (check all that apply):

\_\_\_ LPC in state of PA

\_\_\_ NCC

\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$10.00 Payment (select one):**

**\_\_\_ Check (Please make all checks payable to: PCA)**

**\_\_\_ Credit Card (Complete the information below)**

**Card Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code (3-digit # on back of card) \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address of Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questions about membership: Contact PCA at 918-994-4413 or info@pacounseling.org**

**Remit to: PCA Membership, 305 N. Beech Circle, Broken Arrow, OK 74012**

**Fax: (918) 663-7058 (if using a Purchase Order, please include a copy with your form)**