



**CONFIDENT
TO COUNSEL**

A Fellowship of Lay Counselors

C2C Application for Membership

Please print:

Circle one: (Dr.) (Rev.) (Mr.) (Mrs.) (Miss)

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Ministry, Church or Counseling organization you belong to:

Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Your Primary Number: Cell/Home: _____ E-mail: _____

Circle your answer please:

1. I am actively involved in a local church and my pastor has submitted the Pastoral/Leadership Recommendation Form. Yes No
2. I have read the C2CAffirmations and Denials and have submitted this form. Yes No
3. I have read the C2C Statement of Faith and have submitted this from. Yes No
4. I understand that I am not a certified counselor and **may not** promote myself as a Certified Biblical Counselor. Yes No

Membership dues of \$60.00 Are Due Annually and Will Be Billed

Applicant Signature: _____ Date: _____

Membership approved by: _____ Date: _____

(For Office Use Only)

Email this completed form to contact@Confident2Counsel.org