

LPCA    LPCC

Name

License

**Contact Information**

*Please check the box next to the contact method you prefer.*

Home Address

City, State

ZIP

Work Address

City, State

ZIP

Home Email

Work Email

Home Phone

Work Phone

**Membership**

**\$40**  
Professional

**\$20**  
Student

**\$20**  
Retiree

**\$10**  
Emeritus  
*Available to members who have  
served for more than 25 years.*

Past President  
 Lifetime Member  
*Lifetime memberships are still  
honored, but are no longer available.*



**Please enclose payment with your application!**

Please enclose a check or money order for the amount of your membership with this completed application. Checks or money orders should be **paid to the order of KMHCA**.

Please mail application and dues payment to:

**Sarah Hurt, Treasurer**  
**KMHCA**  
**PO Box 2234**  
**Danville, KY 40423-2234**