



# 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:

**Dues may now be paid directly through the Member365 portal during the renewal process by credit card.** If you prefer to use an alternative payment method, please select **“Invoice”** on the payment screen and submit your dues using one of the methods outlined below.

- Etransfer: auto-deposit e-transfer to [dues.cotisation@cctnb.ca](mailto:dues.cotisation@cctnb.ca) (If password required use: Collegefees)
- OR
- Send cheque to: CCTNB, 205-236 St. Georges Street, Moncton, NB E1C 1W1

## Member Information

Full Name:	LCT/LCT-C #:
Address:	New Address? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email:	Phone:
Employer Address:	
Workplace (please select): <input type="checkbox"/> Private Practice <input type="checkbox"/> School Counsellor <input type="checkbox"/> University <input type="checkbox"/> Other: _____	

## Professional Conduct Statement

I, \_\_\_\_\_, from \_\_\_\_\_ hereby  
The undersigned (print) City/Province  
 declare that since my last membership renewal with the college I \_\_\_\_\_ been found guilty of  
have / have not  
 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).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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