

f.a.c.t.
Folsom Area Counselors & Therapists
MEMBERSHIP FORM

Full Name: _____

Licence#: _____

Home Address: _____

Business Address: _____

Home Phone: _____

Business Phone: _____

Email: _____

Specialty: _____

Classes or Workshops Taught: _____

Suggestions for program: _____

Comments: _____

Dues for one year are \$60 for licensed therapists. Interns and Students dues are \$30.00 a year. Make check payable to FACT, and mail this form and check to:

Ruth Anderson
667 Fisher Circle
Folsom, CA 95630