



CCPC HISTORY OVERVIEW

Christian Counseling Professionals of Chicagoland began in January 2011 with over 30 individuals from 17 Christian counseling agencies gathered at Meier Clinics of Wheaton. In this initial meeting, we discussed ways to collaborate and offer mutual training, marketing and outreach projects. A Steering Committee was formed and met faithfully each month to flesh out some of our objectives and goals as a unified group of believers.

MISSION STATEMENT

Christian Counseling Professionals of Chicagoland is a supportive counseling association committed to spiritual growth and service to our communities by promoting awareness of mental health issues and providing professional development.

STATEMENT OF FAITH

Christian Counseling Professionals of Chicagoland, as an organization and as individuals who are associated with it, affirm and place our trust in the central Christian belief that Jesus Christ is our Savior and Lord, and incorporate these Christian principles in the treatment of mental health.

Further, we affirm and place our trust in the historic doctrines of the Christian faith as expressed in the following modern translation of the Apostle's Creed from the original/Greek text.

We believe in God the Father almighty,
Maker of heaven and earth,
And in Jesus Christ, his only Son, our Lord,
Who was conceived by the Holy Spirit,
Born of the Virgin Mary,
Suffered under Pontius Pilate,
Was crucified, dead and buried;
He descended to the place of the dead.
The third day he rose again from the dead.
He ascended into heaven
And sits at the right hand of God the Father almighty.
From there he shall come to judge the living and the dead.
We believe in the Holy Spirit,
The holy universal church,
The common bond of all believers,
The forgiveness of sins,
The resurrection of the body,
And the life everlasting.”



CODE OF CONDUCT

FOR CONSTITUENTS OF CHRISTIAN COUNSELING PROFESSIONALS OF CHICAGOLAND ("CCPC")

Christian Counseling Professionals of Chicagoland ("CCPC") conducts business honestly and ethically in whatever we do. We strive to provide quality workshops, conferences and other related activities and maintain a reputation for excellence, honesty, fairness, respect, responsibility, integrity, trust and sound business judgment. Our Steering Committee members are expected to adhere to high standards of business as well as personal integrity as representatives of CCPC.

As members of CCPC, if you are ever in doubt whether an activity meets the CCPC ethical standards or compromises the reputation of CCPC, please discuss this with the CCPC Steering Committee or Nancy Brown, as Acting Chair.



MEMBERSHIP APPLICATION 2020

Please print legibly. Thank you.

<input type="checkbox"/> Renewal Membership	or	<input type="checkbox"/> New Membership
Name: _____		
Credentials/Degree: _____		
Organization: _____		
Mailing Address: _____ _____		
Phone #: Work: _____ Home/Cell: _____		
E-mail Address: _____		

Annual Membership Fee (Payable to Meier Clinics Foundation as Fiscal Agent)		
<input type="checkbox"/> \$50.00/individual	<input type="checkbox"/> \$100.00/counseling organization	<input type="checkbox"/> \$500.00/hospital
Payment enclosed: <input type="checkbox"/> check # _____ <input type="checkbox"/> cash		
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name exactly as it appears on card: _____		
Card #: _____		Expiration Date: _____
CVV Code (three-digit code on back of card): _____		
Signature of Card Holder: _____		

I am interested in learning more about CCPC prior to joining. The best number to reach me in the daytime, Monday-Friday, is: _____ .

Please return to Katie Brandenberger, 2100 Manchester Road, Suite 1510, Wheaton, IL, 60187

Or fax to Meier Clinics - 630-653-7926



MEMBERSHIP APPLICATION 2020 MINISTRY LEADERS AND CHURCHES

Please print legibly. Thank you.

<input type="checkbox"/> Renewal Membership	or	<input type="checkbox"/> New Membership
Name: _____		
Ministry Position: _____		
Organization: _____		
Mailing Address: _____ _____		
Phone #: Work: _____ Home/Cell: _____		
E-mail Address: _____		

<u>Annual Membership Fee (Payable to Meier Clinics Foundation as Fiscal Agent)</u>			
<input type="checkbox"/> \$25.00/individual	<input type="checkbox"/> \$50.00/church		
Payment enclosed:	<input type="checkbox"/> check # _____	<input type="checkbox"/> cash	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Name exactly as it appears on card: _____			
Card #: _____		Expiration Date: _____	
CVV Code (three digit code on back of card): _____			
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