

**Boulder Counseling Cooperative  
PO Box 772  
Boulder, CO 80306**

**BCC Client Member Application Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status (circle): S M D W

Your Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Spouse's Job Title: \_\_\_\_\_

Please list full names and ages of children:

\_\_\_\_\_

\_\_\_\_\_

(Note: Yourself, your spouse and children under age 21 qualify for services under your membership)

Emergency contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Reduced Session Fee Agreement**

Based upon the chart below, I attest that the current gross annual income for my family is \_\_\_\_\_ and agree to pay an Annual Membership Fee of \_\_\_\_\_, a counseling session fee for myself/spouse of \_\_\_\_\_ and a counseling session fee for my children of \_\_\_\_\_. **(NOTE: If there is shared financial support of children, please base their session fee on that total amount).**

**Sliding Scale Fee Structure**

<b>Total Annual Individual Income</b>	<b>Total Annual Family Income</b>	<b>Annual Membership Fee</b>	<b>Counseling Session Fee</b>
\$35,000 - \$40,000	\$45,000 - \$50,000	\$125	\$35
\$30,000 - - \$34,999	\$40,000 - - \$44,999	\$100	\$30
\$25,000 - - \$29,999	\$35,000 - - \$39,999	\$75	\$25
Below \$25,000	Below \$35,000	\$50	\$20

To maintain this Annual Membership and Counseling Session Fee, I am aware that I must pay in full at the time services are rendered and renew my membership annually.

I also understand that I am expected to report any subsequent changes to the current gross annual income for my family.

*Client's Name:* \_\_\_\_\_

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature*

\_\_\_\_\_  
*Date*

Please return this form and a check for the Annual Membership Fee listed above to:  
Boulder Counseling Cooperative (BCC)  
PO BOX 772  
Boulder, CO 80306

Once approved, you will receive a confirmation by email with your Client ID Number. At that time you will be able to set-up appointments with our service providers.