|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Text, letter  Description automatically generated | | | | | |
| Carol Many Chief  Click above to login |  |  |  | [Cart](https://casc-acss.wildapricot.org/Sys/Store/Cart)  View your shopping cart |

**Membership details**

|  |  |
| --- | --- |
| **Membership level** | **Student Member - Basic - $90.00 (CAD)** [Change](javascript:WebForm_DoPostBackWithOptions(new%20WebForm_PostBackOptions(%22FunctionalBlock1$ctl00$ctl00$Membership$sharedMembershipLevelView$changeLevelButton%22,%20%22%22,%20true,%20%22%22,%20%22%22,%20false,%20true)))*Subscription period: 1 year, on: June 1stNo automatically recurring payments* |

**Membership status**

**Active**

**Member since**

2022-03-15

**Renewal due on**

2023-06-01*You can renew starting 2022-06-01*

**Membership Since**

2022-03-15

**Title/titre**

Mrs.

**First Name/prénom**

Carol

**Middle Name/deuxième prénom**

Many

**Last name/Nom de famille**

Many Chief

**Position or Title/Position**

student minister

**Employer Name/Nom de l'employeur**

United Church of Canada minster candidate

**Organization Name/Nom de l'organisation**

**Address 1/Adresse 1**

Box 427

**Address 2/Adresse 2**

**Address 3/Adresse 3**

**City/Ville**

Standoff

**Province or State/Province**

Alberta

**Postal Code-Zip/Code postal**

T0L1Y0

**Country/Pays**

Canada

**Preferred Phone/téléphone préféré**

Mobile

**Home Phone/téléphone résidentiel**

14033175703

**Mobile Phone/Téléphone portable**

14033175703

**Work Phone/téléphone du travail**

14033175703

**Preferred Email/Adresse e-mail préférée**

[carolmanychief@live.ca](mailto:carolmanychief@live.ca)

**Work Email/E-mail de travail**

[carolmanychief@live.ca](mailto:carolmanychief@live.ca)

**Personal Email/e-mail personnel**

[carolmanychief@live.ca](mailto:carolmanychief@live.ca)

**Website/site web**

**Avatar/avatar**

**Birthdate/date de naissance**

1966-03-18

**Are you a member of a professional regulatory body in your province or jurisdiction?**

Yes

**If yes, please indicate Professional Regulatory Body**

NHPCA, associate member Canadian Professional Counsellors Association, student

**Êtes-vous membre d'un organisme de réglementation professionnelle dans votre province ou territoire?**

**Si oui, veuillez indiquer l'organisme de réglementation professionnelle**

**Privacy Policy/politique de confidentialité**

* [I confirm I have read and accept the terms of the Privacy Policy](https://spiritualcare.ca/home/privacy-policy/)

**Faith Group/groupe religieux**

United Church of Canada

**Expertise/expertise**

counselling

**Education Comments/Commentaires sur l'éducation**

Master of Divinity, completion, December 2022, ordination to follow

**Region/région**

Alberta (AB)

**Seminary Affiliation/affiliation à un séminaire**

Vancouver School of Theology

**LIABILITY INSURANCE - PLE**

Bottom of Form