



**WISCONSIN SCHOOL COUNSELOR ASSOCIATION**  
**2011-2012 MEMBERSHIP APPLICATION**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
*Please indicate your preferred Mailing Address*  Home  School / Work

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Email \_\_\_\_\_

Employer Name \_\_\_\_\_

School (s) \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Email \_\_\_\_\_

**PLEASE CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION**

- |                               |  |
|-------------------------------|--|
| 1. __ Elementary School (K-5) | 6. __ Technical College/University       |
| 2. __ K-8                     | 7. __ Counselor Educator                 |
| 3. __ Middle/Jr. High (6-8)   | 8. __ Student, Please list college _____ |
| 4. __ High School (9-12)      | 9. __ Other, Please list position _____  |
| 5. __ K-12                    |  |

**PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW**

- 1. Professional Membership** **\$50.00** \_\_\_\_\_  
A Professional Member shall be licensed as a school counselor with a License in School Counseling from the DPI.
- 2. Affiliate Membership** **\$50.00** \_\_\_\_\_  
Any person interested in supporting school counseling who is not eligible for any other type of membership.
- 3. Student Membership** **\$25.00** \_\_\_\_\_  
A Student Member must be engaged in a planned program of counselor education pursuing a degree as a counselor. A member may only hold student status for a total of three years, or until they have graduated from their education program.  
  
\*Professor signature to verify student status \_\_\_\_\_
- 4. First-Year Student Membership** **FREE** \_\_\_\_\_  
WSCA membership is FREE for "first-year" students pursuing a degree in school counseling.  
  
\*Professor signature to verify student status \_\_\_\_\_  
  
College / University \_\_\_\_\_
- 5. Retired Membership** **\$20.00** \_\_\_\_\_  
A person who has been a school counselor and retires from the profession, and has been a WSCA member for three years prior to becoming retired, is eligible for retiree membership.

**PLEASE MAIL THIS FORM AND PAYMENT TO:**

**WSCA Membership**  
**2830 Agriculture Drive**  
**Madison, WI 53718**

**Phone: 608.204.9825**  
**FAX: 608.204.9818**  
**Email: [admin@wscaweb.org](mailto:admin@wscaweb.org)**

For more information about WSCA membership, please contact: Paula Gretzlock at [pjgretzlock@ymail.com](mailto:pjgretzlock@ymail.com) or 715-254-6393.