



Wisconsin School Counselor Association 2010-2011 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 include your email address, WSCA is going GREEN.

PLEASE CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION

- Elementary School (K-5) K-8 Middle/Jr. High (6-8) High School (9-12) K-12
- Counselor Educator at a Technical College/University, please list college: _____
- Graduate Student, please list college: _____
- Other, please list position: _____

Who asked you to become a member of the Wisconsin School Counselor Association?

Sponsor's Name _____ Sponsor's Email: _____

*Sponsor's need to be a current WSCA member to be eligible for the paid registration for the 2011 WSCA conference.
Drawing will be held at the November 2010 WSCA Board meeting.*

PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW

<input type="checkbox"/> \$40.00	Professional	A Professional Member shall be employed as a school counselor with a License in School Counseling from the DPI.
<input type="checkbox"/> \$40.00	Affiliate	Any person interested in supporting school counseling who is not eligible for any other type of membership.
<input type="checkbox"/> \$20.00	Student	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 _____
<input type="checkbox"/> FREE	First-Year Student Membership	WSCA membership is FREE for "first-year" students pursuing a degree in school counseling. *Professor signature to verify student status _____ College / University _____
<input type="checkbox"/> \$10.00	Retired	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
2830 Agriculture Drive
Madison, WI 53718

Phone: 608-204-9825
FAX: 608-204-9818
Email: admin@wscaweb.org

Payment Method:

- Cash Check MasterCard Visa

Card Number _____

Exp. Date _____

For more information about WSCA membership, please contact:
Marilyn Brink, brinkm@evansville.k12.wi.us, 608-838-2630