



WISCONSIN SCHOOL COUNSELOR ASSOCIATION 2021-2022 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) _____ CESA (if applicable) _____

Work Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Work Email _____

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
- Technical College/University
- Counselor Educator
- Student, Please list college _____
- Other, Please list position _____

PLEASE CHECK THE YEARS OF EXPERIENCE WHICH BEST DESCRIBES YOUR WORK IN SCHOOL COUNSELING

- 0-4 years
- 5-8 years
- 9+ years

PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW

1. **Professional Membership** \$70.00 _____
A Professional Member shall be licensed as a school counselor with a License in School Counseling from the DPI.
2. **Affiliate Membership** \$70.00 _____
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 full time in a planned program of counselor education pursuing a degree as a counselor. A member may only hold student status for a total of five years, or until they have graduated from their education program.
**Professor signature to verify student status _____*
4. **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.
5. **First-Year Student Membership** FREE _____
WSCA membership is FREE for "first-year" students pursuing a degree in school counseling full-time.
**Professor signature to verify student status _____*
College/University _____

DID SOMEONE REFER YOU TO JOIN WSCA? Yes No If yes, please provide their full name _____

Send form/payment to:
WSCA Admin Office
 1005 Quinn Drive
 Suite 158
 Waunakee, WI 53597
 Fax: (855) 756-9002

PAYMENT METHOD ACCEPTED:
 ___CASH___CHECK___MASTERCARD___VISA
 CARD NUMBER _____
 EXP. DATE _____ CVV _____

For questions, contact:
WSCA Admin. Office
 (608) 204-9825
 or
 admin@wscaweb.org