



# 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 \_\_\_\_\_

**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