



WISCONSIN SCHOOL COUNSELOR ASSOCIATION 2022-2023 MEMBERSHIP APPLICATION

First _____ MI _____ Last _____

Indicate your preferred: **Mailing Address:** Home ___ School/Work ___ & **Email 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

Professional Membership **\$70.00** _____
A Professional Member shall be licensed as a school counselor with a License in School Counseling from the DPI.

Affiliate Membership **\$70.00** _____
Any person interested in supporting school counseling who is not eligible for any other type of membership.

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* _____

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.

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
Waukegan, 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