WISCONSIN SCHOOL COUNSELOR ASSOCIATION
2025-2026 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_____

DO YOU TEACH SCHOOL COUNSELING GRADUATE CLASSES? ☐ Yes ☐ No **If yes, where?**_____

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
Waunakee, WI 53597
Fax: (855) 756-9002

PAYMENT METHOD ACCEPTED:

___CASH__CHECK__MASTERCARD__VISA CARD
NUMBER _____
EXP. DATE_____CVV _____

**All credit card payments will have a 3% processing fee applied*

For questions, contact:

WSCA Admin. Office

(608) 204-9825
or
admin@wscaweb.org