



WISCONSIN SCHOOL COUNSELOR ASSOCIATION
2016-2017 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 CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION

- | | |
|-------------------------------|--|
| 1. __ Elementary School (K-5) | 6. __ Technical College/University |
| 2. __ K-8 | 7. __ Counselor Educator |
| 3. __ Middle/Jr. High (6-8) | 8. __ Student, Please list college _____ |
| 4. __ High School (9-12) | 9. __ Other, Please list position _____ |
| 5. __ K-12 | |

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 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.
*Professor signature to verify student status _____
College / University _____

Send form /payment to: WSCA 6737 W Washington St Suite 4210 Milwaukee WI 53214 Fax: 414.276.7704	PAYMENT METHOD ACCEPTED: CASH CHECK MASTERCARD VISA _____ CARD NUMBER EXP. DATE CVV	For questions, contact: WSCA Admin. Office 608.204.9825 or e-mail admin@wscaweb.org
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