



WISCONSIN SCHOOL COUNSELOR ASSOCIATION
2017-2018 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

- | | |
|-------------------------------|--|
| 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 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 Office 6737 W Washington St Suite 4210 Milwaukee, WI 53214 Fax: 414-276-7704	PAYMENT METHOD ACCEPTED: CASH CHECK MASTERCARD VISA _____	For questions, contact: WSCA Office 608-204-9825 or e-mail admin@wscaweb.org
	CARD NUMBER _____ EXP. DATE _____ CVV _____	