



**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) \_\_\_\_\_ 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 \_\_\_\_\_

<b>Send form /payment to:</b> <b>WSCA Admin Office</b> 2820 Walton Commons, Suite 103 Madison, WI 53718 Fax: 608.204.9818	<b>PAYMENT METHOD ACCEPTED:</b> <b>CASH CHECK MASTERCARD VISA</b>	<b>For questions, contact:</b> WSCA Admin. Office 608.204.9825 or e-mail <a href="mailto:admin@wscaweb.org">admin@wscaweb.org</a>
	<b>CARD NUMBER</b> _____ <b>EXP. DATE</b> _____ <b>CVV</b> _____	