



Virginia School Counselor Association

Membership Application/Renewal Form

New Membership

Renewal

NAME (First, MI, Last)

SCHOOL NAME SCHOOL DIVISION

HOME ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

HOME PHONE CELL PHONE

PHONE EXT.

PREFERRED EMAIL ADDRESS

SECONDARY EMAIL ADDRESS

PREFERRED MAILING ADDRESS HOME WORK

REFERRED BY:

Membership:

Professional/Regular Member \$40.00

A professional/regular member is any individual who holds a master's degree or higher in counseling or a closely related field from an accredited college or university, and who actively engages in (or is interested in) school counseling.

Retired Member \$20.00

A retired member is any individual who has reached the age of 55 and has retired from the counseling profession.

Student \$20.00

Must be enrolled in a master's or doctoral degree program for school counseling and NOT currently employed as a school counselor.

Graduation Date: _____
Professor's Name: _____
Professor's Email: _____
College/University: _____

WORK SETTING (Check One)

- Elementary
- Middle/Junior High
- Secondary
- K-12
- Central Office
- College/University
- Other _____

WORK SETTING TYPE (Check One)

- Public School
- Private School
- Charter School
- Other _____



PAYMENT INFORMATION	
<input type="checkbox"/>	Check-Payable to VSCA
<input type="checkbox"/>	Charge to _____ AMEX _____ VISA _____ MC
Account No. _____	
Expiration Date: _____ Zip Code: _____	
Card Verification Number: _____	
Signature: _____	
Signature of Authorized Card Holder: Cardholder acknowledges that VSCA will charge the total payment shown and agrees to perform the obligations set forth in the issuer's agreement.	

Mail completed application with payment to:
VSCA
P.O. Box 426
Manassas, VA 20108
Or fax it to (800) 694-5020
Or join online! www.vasca.org
Call VSCA with questions. Phone (800) 694-5020