

# Colorado School Counselor Association (CSCA) Membership Application

**Note: Membership in ASCA or ACA does not entitle you membership in CSCA. Each is a separate membership. (90% of CSCA dues is tax deductible as a professional expense)**

Membership is on an annual basis. CSCA will use your home information as the preference for mailings and contact unless you specify us to use school information.  **Yes, please use my school information for mailings and contact.**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Number and Street City State Zip

Home Phone \_\_\_\_\_ Home E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work E-Mail \_\_\_\_\_

Work Address \_\_\_\_\_  
Number and Street City State Zip

School District (Name and District Number): \_\_\_\_\_

CSCA Region Number (check the CSCA Region Map on the CSCA website): \_\_\_\_\_

Counseling Level  High school  Middle school/Junior high  Elementary  K-12  Post-secondary  
 Other: \_\_\_\_\_

**Dues:**  Renewal  New  
 Licensed School Counselor (\$70.00)  Student (\$45.00)  Retired (\$45.00)  
 Other (\$75.00) Please specify area/degree/profession \_\_\_\_\_

**Method of Payment:**  Check payable to CSCA  Master Card  Visa  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Name on Credit Card \_\_\_\_\_ Card Verification # (on back of card) \_\_\_\_\_

Billing Address \_\_\_\_\_  
Number and Street City State Zip

\_\_\_\_\_  
Signature Printed Name of Card Holder

**Student Verification:** The above person is (at minimum) a half-time graduate student as defined by this school's criteria, and is taking classes in counseling or psychology.

\_\_\_\_\_  
Signature of Department Chair/Advisor University

**Mail Application with Payment to: Colorado School Counselor Association, P.O. Box 929, Indian Hills, CO 80454-0929**

\_\_\_\_\_ I am interested in volunteering or serving on a CSCA committee. Please contact me.