

WISCONSIN SCHOOL COUNSELOR ASSOCIATION (WSCA)
2008-2009 MEMBERSHIP APPLICATION

First _____ MI _____ Last _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Home Email _____

Employer Name _____

Work Address _____

City _____ State _____ Zip Code _____

Work Phone (____) _____ - _____ Work Email _____

PLEASE CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION

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

PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW

- 1. Regular Membership** **\$40.00** _____
A Regular Member shall be employed as a school counselor with a License in School Counseling from the DPI.
- 2. Affiliate Membership** **\$40.00** _____
Any person interested in supporting school counseling who is not eligible for any other type of membership.
- 3. Student Membership** **\$20.00** _____
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 three years, or until they have graduated from their education program.

*Professor signature to verify student status _____
- 4. 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 _____
- 5. Retired Membership** **\$10.00** _____
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.

****PLEASE NOTE: MEMBERSHIP BEGINS WHEN PAYMENT IS RECEIVED AND ENDS ONE YEAR LATER.****

PLEASE MAIL THIS FORM AND PAYMENT TO:

WSCA Membership
5848 Osborn Drive
McFarland, WI 53558

For more information about WSCA membership, please contact: Marilyn Brink, brinkm@evansville.k12.wi.us, 608-838-2630