



P.O. Box 217
Leicester, NY 14481

MEMBERSHIP APPLICATION FORM 2009-2010

Chartered Division of the American School Counselor Association (ASCA)

NYSSCA: Promoting excellence in the profession of school counseling throughout New York

Member Type/Annual Dues (please check one): Regular-\$50 Student- \$40 Retired-\$40 Affiliate-\$40

Referred by _____

Name: _____ New Member Renewal

*Primary Email address:

Secondary Email address:

Home Mailing Address:

City: _____ State: _____ Zip Code: _____

Home Phone Number:

Name of School or Organization:

Job Title:

*Work Setting: Elementary School Middle / Junior High School High School
 Graduate Student Counselor Educator Director / Supervisor Other

Work Address:

City: _____ State: _____ Zip Code: _____

*School County: _____ *Region: _____
(Regional Map available at www.nyssca.org)

Work Phone Number: _____ Fax Number: _____

*Information on work setting, school county and school region must be provided to ensure accurate membership processing

Please return membership application and check,
payable to NYSSCA, to
New York State School Counselor Association
P.O. Box 217
Leicester, NY 14481

PLEASE NOTE....
OR MEMBERSHIP APPLICATIONS CAN NOW BE
PROCESSED COMPLETELY ONLINE at:
www.NYSSCA.org – Membership Section

A note from your Membership Chair...

Currently, over 60 NYSSCA members proudly display their **NEW NYSSCA Membership Certificate!**
For your convenience the certificate mail-in order form is now available online. For details, log onto the membership section at www.NYSSCA.org, and you may include your certificate order with your membership application today...

info@nyssca.org

www.NYSSCA.org