



Membership Application / Renewal Form

For renewal check here Membership # (if known): _____

NAME (Last, First MI) _____

SCHOOL / COMPANY NAME _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

HOME PHONE _____

WORK PHONE _____ Ext. _____

PREFERRED E-MAIL ADDRESS _____

SECONDARY E-MAIL ADDRESS _____

WORK SETTING (Check one):

- Elementary
- Middle/Jr. High
- Secondary
- K-12
- District Office
- College/University
- Other _____

WORK SETTING TYPE (Check one):

- Public
- Private
- Charter
- Other _____

WORK REGION (Check one):

- North [Coconino/Navajo/Apache]
- Central [Maricopa/Yavapai/Gila/Pinal]
- South [Pima/Santa Cruz/Cochise]
- East [Graham/Greenlee]
- West [Mohave/LaPaz/Yuma]
- Other _____

MEMBERSHIP TYPE (Check one):

Professional (MUST be a state certified school counselor)
\$50 Professional – 1 year

Most recent certification date: _____
\$85 Professional – 2 year

Affiliate (Individuals NOT state certified as a school counselor)
\$50 Affiliate – 1 year

\$85 Affiliate – 2 year

Retired (MUST have been a school counselor for at least five years, be retired and NOT employed as a school counselor)
\$30 Retired – 1 year

\$45 Retired – 2 year

Student (Must be enrolled in a master's degree program for school counseling and NOT currently working full time as a school counselor)
\$30 Student

School Name: _____

Professor's Name: _____

If paying by Purchase Order, this application MUST be included with the purchase order. **A \$20 processing fee will be charged for each purchase order.**

Return this application and your payment to:

AzSCA, Inc.
Attn: Membership Chair
P.O. BOX 30776
Mesa, AZ 85275-0776

You may also join / renew online at www.AzSCA.org

For more information, contact Roxanne Taylor at (520) 440-5211
membership@azsca.org

Payment Information (Check one)	
<input type="checkbox"/> Check payable to AzSCA	
<input type="checkbox"/> Purchase Order (add \$20 processing fee)	
<input type="checkbox"/> American Express	<input type="checkbox"/> VISA
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Card
_____ CREDIT CARD NUMBER	
_____ EXPIRATION DATE (MM/YY)	
_____ V CODE	
_____ SIGNATURE	
_____ PRINT NAME AS IT APPEARS ON CARD	