



# Membership Form

*\* REQUIRED FIELDS*

\*Are you a  New Member or a  Renewing Member?

**\*Membership Type (select one):**

*(Membership expires after one year on the anniversary of when you joined.)*

**Professional** (Holds a masters degree or higher in counseling or the substantial equivalent and must be credentialed as a school counselor by a state, district, or territory of the United States or the credentialing agency of the country in which they practice or must be employed as counselor educators in a graduate program that prepares school counselors.) **DUES \$50.00**

**Retired** (Professional members who are in retirement and do not hold full-time positions in school counseling are eligible for Retired membership. Retired members hold a masters degree or higher in counseling or the substantial equivalent; are or were credentialed as a school counselor by a state, district, or territory of the United States or the credentialing agency of the country in which they practice; or were employed as school counselors, supervisors of school counselors, or counselor educators in a graduate program that prepares school counselors.) **DUES \$25.00**

**Student** (Enrolled in a graduate program that prepares school counselors & do not hold full-time positions in school counseling.) **DUES \$25.00**

**Associate** (Individuals interested in counseling who are not eligible for any other type of membership.) **DUES \$50.00**

**Contact Information (please PRINT):**

\*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*Business email: \_\_\_\_\_ and/or Personal email: \_\_\_\_\_

*Please provide **at least one** email address. If you would like to do this now, elect a Username & Password for access to the website **Members Only** section. If not, you will receive a follow-up email request to set this up.*

Username: \_\_\_\_\_ Password: \_\_\_\_\_

Secret Question: \_\_\_\_\_ Secret Answer: \_\_\_\_\_

\*Employer Name: \_\_\_\_\_

\*Job Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*School Level:  Elem  MS  HS  K-12  Graduate Student  Director  
 Counselor Educator  Other: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*School County: \_\_\_\_\_

\*School Region (circle one): 1 2 3 4 5 6 7 8 9 10 N/A

\*Home Region (circle one): 1 2 3 4 5 6 7 8 9 10 N/A

1 Long Island, 2 Lower Hudson Valley, 3 Mid-Hudson, 4 Hudson-Mohawk, 5 North Country/Mohawk, 6 Mid-State, 7 Mid-South, 8 Mid-West, 9 Great Western, 10 NYC

**Please let us know** who encouraged you to become a NYSSCA member:

Name \_\_\_\_\_ Email address \_\_\_\_\_

**Send membership application and check, payable to NYSSCA, to: NYSSCA, P.O. Box 217, Leicester, NY 14481**

**Once payment is received, you will have all the benefits of being a member of the New York State School Counselor Association!**