



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!