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):    WORK SETTING TYPE (Check one):    WORK REGION (Check one):
 ☐ Elementary  ☐ Public  ☐ North [Coconino/Navajo/Apache]
 ☐ Middle/Jr. High  ☐ Private  ☐ Central [Maricopa/Yavapai/Gila/Pinal]
 ☐ Secondary  ☐ Charter  ☐ South [Pima/Santa Cruz/Cochise]
 ☐ K-12  ☐ Other ________________  ☐ East [Graham/Greenlee]
 ☐ District Office  ☐ Other ________________  ☐ West [Mohave/LaPaz/Yuma]
 ☐ College/University  ☐ Other ________________  ☐ Other ________________
 ☐ Other ________________

MEMBERSHIP TYPE (Check one):

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

Payment Information (Check one)
☐ Check payable to AzSCA
☐ Purchase Order (add $20 processing fee)
☐ American Express  ☐ VISA
☐ MasterCard  ☐ Discover Card

CREDIT CARD NUMBER

EXPIRATION DATE (MM/YY)

V CODE

SIGNATURE

PRINT NAME AS IT APPEARS ON CARD

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

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Return this application and your payment to:

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P.O. BOX 30776
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