



I O W A
SCHOOL
COUNSELOR
ASSOCIATION

Membership Form [July 1, 2009–June 30, 2010]

Mr. Mrs. Ms. Miss Dr.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ School Phone _____

E-Mail Address _____

School District/Setting _____ AEA _____

School Building/Department _____

School Address _____

City _____ State _____ Zip _____

Check One: Renewal New Member (*I was invited to join ISCA by: _____*
Name of Member)

Check type of membership:

Professional – \$35

Elementary School Counselor

MS/JH Counselor

High School Counselor

K-12 Counselor

College/University Counselor

Community College Counselor

Special Needs/Setting Counselor

Retired – \$20

Student – \$20

Professor Signature (required for student rate)

_____ signature

_____ print

_____ institution

Amount Enclosed: \$ _____

Make checks payable to ISCA and mail to:

ISCA
2100 Westown Parkway Suite 200
West Des Moines, IA 50265

Questions: Karen K. Woodard <kwoodard@clarinda.k12.ia.us>