



I O W A
S C H O O L
C O U N S E L O R
A S S O C I A T I O N

Membership Form [July 1, 2010–June 30, 2011]

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 _____

Check One: Renewal New Member

Check type of membership:

Professional – \$35 (please check position)

Elementary School Counselor

College/University Counselor

MS/JH Counselor

Special Needs/Setting Counselor

High School Counselor

Other _____

K-12 Counselor

Retired – \$20

Student – \$20

Professor Signature (required for student rate)

_____ signature

_____ institution

Make checks payable to ISCA and mail to:

Alda Helvey
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West Des Moines, IA 50265

Questions: Karen K. Woodard < karen_k_woodard@yahoo.com >