



I O W A
SCHOOL
COUNSELOR
ASSOCIATION

Serving Iowa's Students and

School Counselors

July 1, 2009-June 30, 2010
Iowa School Counselor Association Membership

___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: ___ New Member

I have been invited to join ISCA by:

___ Renewal

_____ (name of member)

Check type of membership:

___ Professional - \$35.00 (please check position)

___ Elementary School Counselor

___ M/JH School Counselor

___ High School Counselor

___ K-12 School Counselor

___ College/University Counselor

___ Community College Counselor

___ Special Needs/Setting Counselor

___ Retired - \$20.00

___ Student - \$20.00

Professor Signature (required for student rate)

Amount Enclosed: \$ _____

Make checks payable to ISCA and mail to:

Alda Helvey
Dynamic Resources
8345 University Blvd. Ste. F-1
Des Moines, IA 50325

Questions: Contact Karen K. Woodard at karen_k_woodard@yahoo.com