IOWA SCHOOL COUNSELOR ASSOCIATION

Membership Form

(Annual membership from November 1 - October 30)

____Mr. ____Mrs. ____Ms. ____Miss ____Dr.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ School Phone _____

School Name _____

School Address _____

City _____ State _____ Zip _____

E-Mail Address _____

School District/Setting _____ AEA _____

School Building/Department _____

Check One: _____ New Member _____ Renewal
Are you an ASCA Member? _____ Yes _____ No
Have you been a counselor for 1 year or less? _____Yes _____No _____N/A

Check type of membership:

____Professional - $40.00 (please check position)
- ____Elementary School Counselor
- ____Middle School/Junior High School Counselor
- ____High School Counselor
- ____MS/JH/HS Counselor
- ____K-12 School Counselor
- ____College/University Counselor
- ____Special Needs/Setting Counselor
- ____Other _____

____Retired - $20.00
____Student - $25.00

Professor Signature (required for student rate)

_____ / _____
Professor Institution

Make checks payable to ISCA and mail to:

ISCA Office
6919 Vista Drive
West Des Moines, IA 50266
Phone: 515-282-8192 Fax: 515-282-9117
Email: iowaschoolcounselors@gmail.com
Questions? Contact Sandy Thomson at sthomso@charlescityschools.org