



MARYLAND
SCHOOL
COUNSELOR
ASSOCIATION

A Branch of the American School Counselor Association
A Division of the Maryland Counseling Association

MEMBERSHIP FORM
2018/2019 ANNUAL DUES: \$35

(Graduate Students may receive \$15 off the above rate by entering the discount code below)

DATE: _____ Membership Number: (if known) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL: _____

GRADUATE STUDENT DISCOUNT CODE: (\$15 off regular rate) _____

You can receive your Graduate Student Discount Code from your Graduate Professors.

- Check here if you are NOT interested in being listed in our member directory.
- Check here if you are interested in working on a MSCA committee.

Work Setting (check one)

- Elementary Middle/Jr. High Secondary K-12 Central/School District Office
- College/University Private Practice Graduate Student Other _____

****In which county/region are you employed? _____****

Current Job Position (check one)

- School Counselor Student Retired Director/Coordinator/Supervisor
- College Professor Administrator Graduate Student Other _____

Members must hold a master's degree or higher in counseling or the substantial equivalent and/or meet one of the following requirements:

- Be credentialed as a school counselor by the State of Maryland
- Be employed as a school counselor or supervisor of school counselors
- Be employed as a counselor educator in a graduate program
- Be enrolled in a school counseling program
- Have an interest in school counseling

What kind of professional development are you interested in?
(e.g.: crisis intervention, group counseling, lesson plan sharing, etc.)

- 1) _____
- 2) _____
- 3) _____

For Membership Office Use Only

MAIL FORM AND CHECK PAYABLE TO "MSCA" TO:
MSCA MEMBERSHIP CHAIR
P.O. Box 156
La Plata, MD 20646
membership@mscaonline.org