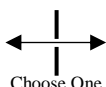




A Branch of the American School Counselor Association

MEMBERSHIP FORM 2019/2020 ANNUAL DUES

School Counselors \$35.00
Counselor Since: _____
(Month, Year)



Graduate Students \$20.00
Estimated Date of Graduation: _____
School Enrolled: _____

DATE: _____ MEMBERSHIP NUMBER: (if known) _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL: _____

- 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.

Region Currently Employed (check one)

- Northern MD (Baltimore City - Baltimore - Harford - Carroll Counties)
 Western MD (Garrett - Allegany - Washington and Frederick Counties)
 Central MD (Prince George's - Anne Arundel - Montgomery - and Howard Counties)
 Eastern MD (Caroline-Cecil-Dorchester-Kent-Queen Anne's-Somerset-Talbot-Wicomico-Worcester)
 Southern MD (Charles - St. Mary's - and Calvert Counties)
 Washington DC
 Other Region _____

County/College/University of Employment: _____

Current Job Position (check one)

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

Current Work Setting (check one)

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

What kind of professional development are you interested in? _____
(i.e. Crisis Intervention, Bullying, Data Analysis, Suicide Prevention)

Are there any MSCA committees you are interested in joining? _____
(i.e. Ethics, Merchandise, Professional Development, Awards)

If you were referred to join MSCA by a current member, please give us that member's name: _____

**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

Mail this form and a check payable to "MSCA" to:

MSCA MEMBERSHIP SERVICES
P.O. Box 156
La Plata, MD 20646
membership@mscaonline.org