

*A Branch of the American School Counselor Association*

**MEMBERSHIP FORM**

**2019/2020 ANNUAL DUES**

□ **School Counselors $35.00** □ **Graduate Students $20.00**

**Counselor Since: \_\_\_\_\_\_\_\_\_\_\_**

**Estimated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Choose One

(Month, Year)

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**