



A Branch of the American School Counselor Association

MEMBERSHIP FORM / ANNUAL DUES

Choose One

☐ School Counselors \$40.00

Counselor Since: _____
(Month, Year)

☐ Retired Member \$30.00

Date Retired: _____
(Month, Year)

☐ Graduate Students \$25.00

Estimated Graduation Date: _____
School Enrolled: _____

DATE: _____ MEMBERSHIP NUMBER: (if known) _____

NAME: _____ NEW MEMBER: yes ☐ no ☐

RACE: _____ PREFERRED PRONOUNS: (i.e. she, her, he, him, they, them) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ (W) _____

EMAIL: _____

☐ Check here if you are NOT interested in being listed in our member directory.

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
- ☐ Private/Independent School
- ☐ K-12
- ☐ College/University
- ☐ Private Practice
- ☐ Graduate Student
- ☐ Central/School District Office
- ☐ K-8
- ☐ Private/Independent School (All Levels)
- ☐ 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, Mentoring, Professional Development, Racial Equity)

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