



Membership Application
www.kyschoolcounselor.org

- Email(H) _____
- Email (W) _____

LAST NAME FIRST NAME M.I.

TELEPHONE NUMBERS:

HOME ADDRESS COUNTY

HOME: _____

SCHOOL: _____

FAX: _____

CITY STATE ZIP CODE

SCHOOL OR AGENCY COUNTY

SCHOOL ADDRESS

CITY STATE ZIP CODE

WORK SETTING: Elementary ____ Middle ____ Secondary ____ Post-Secondary ____ Other (Please list) _____ POSITION: _____

Check the Associations to which you belong: ASCA ____ ACA ____ KASA ____ KCA ____

Others (Please list) _____

I certify that my professional behavior and practice will be in accordance with the ASCA and ACA Code of Ethics.

Signature: _____ **Date:** _____

MEMBERSHIP CATEGORY:

FREE for Professional Counselor's 1st year membership in KSCA _____

\$25.00 Renewal _____

\$25.00 Affiliate _____

\$10.00 Retired Counselor _____

\$10.00 Full Time Student _____ Student's Advisor's Signature _____ Date _____

Make Check Payable to KSCA

send to: Ms. Michelle Carver, 129 Old Bridge Rd., Danville, KY 40422

Office Use Only: Date Received _____