



MINNESOTA SCHOOL COUNSELORS ASSOCIATION

MEMBERSHIP APPLICATION FORM

_____		Date _____	
<i>Last Name</i>	<i>First Name</i>	<i>M. Initial</i>	
New Member _____	Renewal _____	Preferred Mailing Home _____	Work _____

HOME MAILING ADDRESS:

Street

City State Zip

Phone (Include Area Code) FAX

Preferred E-mail Address

WORK MAILING ADDRESS:

Employer

Street

City State Zip

Phone (Include Area Code) FAX

Preferred E-mail Address

EMPLOYMENT SETTING: Public _____ Private _____ Retired _____ Student _____

Elementary _____ Middle/Junior High _____ High School _____ K-12 _____ Post Secondary _____ Other _____

MSCA DIVISION WHERE YOU ARE EMPLOYED:

Anoka _____ Central _____ Lake Area _____ Minneapolis _____ Northeast _____ Northwest _____

Southeast _____ Southwest _____ St. Paul _____ St. Paul Suburban _____ West Central _____

DUES: Professional - \$50 _____ Student - \$15 _____ Retired - Free _____

MSCA MEMBERSHIPS RUN FROM APRIL 1-MARCH 31

Please make checks payable to (no purchase orders accepted): **Minnesota School Counselors Association**

Please mail to: **Lqj p'Rcvqp**
MSCA Membership Services
1960 118th Avenue NE
Blaine, MN 55449