

ISCA Membership Application

New Membership Renewal Membership

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Fax: (____) _____

Job Title: _____

Place(s) of Work: _____ Grade Levels: _____

Corporation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax: (____) _____

Preferred Email Address: _____

CIRCLE ONE ISCA MEMBERSHIP TYPE:

Professional \$45 Affiliate \$45 *Student \$25 Emeritus \$25

*Professor's Signature Required _____

Write checks payable to ISCA

To pay by credit card, go to our *secure* website ww.indianaschoolcounselor.org

Membership Survey (please circle):

1. Would you be willing to serve on a committee? **YES NO MAYBE**

2. Would you like to present a workshop? **YES NO**

Topic: _____

3. What professional concerns do you have which could be served by ISCA?

Send Membership Application and Payment to:

ISCA Membership
331 Parkview Place
Apt B
Carmel, IN 46032