



Date _____

Application for Membership

Full Name _____

School/Business Name _____

Home Address _____

Region _____

City, State & Zip _____

Work Phone _____

Home Phone _____

Work Email _____

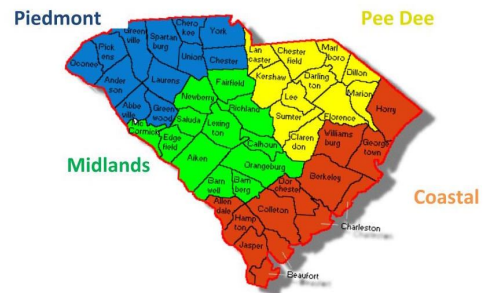
Home Email _____

Are you in private practice? Full-Time Part-Time No

How many years have you been a School Counselor? _____

New Membership _____ Renewal _____

Membership expires 12 months from the date received.



Type of Membership	Annual Cost	Amount Enclosed
Professional For school counselors who hold a Master's degree or higher in counseling or the substantial equivalent. Professional members shall have all rights and privileges.	\$35.00	
Student * For students who are enrolled in a graduate program in school counseling at an accredited college or university. Student members shall have all rights and privileges of professional members except the right to become an officer.	\$15.00	
Retired For those who have been members of the Palmetto State School Counselor Association for at least five (5) consecutive years and who have retired from full-time service in school counseling programs, counseling supervision or counselor education and are receiving compensation from state or private retirement providers. Retired members shall have all rights and privileges of professional members.	\$15.00	
Emeritus For those professional or retired members who have reached the age of sixty-two (62) or have retired after twenty-five (25) years of professional service in school counseling programs, counselor supervision, counselor education or other employment in services to students, and who have been members of the Palmetto State School Counselor Association for at least five (5) consecutive years. Emeritus members shall retain all rights and privileges of professional members. Emeritus members shall be exempt from payment of dues.	\$0	\$0
Affiliate For those individuals who have an interest in the school counseling profession and who pay the assessed dues. Affiliate members shall have all rights and privileges of professional members except the right to serve on the Governing Board.	\$30.00	

Total PSSCA Dues Enclosed

*For Student rate, you must be enrolled as a full-time student & include faculty verification.

Institution _____ # of Semester Hours Enrolled _____

Faculty Signature _____

Make checks payable to:
 PSSCA
 9789 Charlotte Hwy Suite 400-136
 Fort Mill, SC 29707

For Official Use Only		
Date Received: _____	Check/PO Number: _____	Received from: _____