



## Application for Membership

(Mrs.) (Ms.) (Mr.) (Rev.) (Dr.) \_\_\_\_\_  
*Last Name*
*First Name*
*Middle Name*

Home Address \_\_\_\_\_  
*House Number & Street*
*City*
*State*
*Zip*

School/Agency/Business Name \_\_\_\_\_

Job Title (Ex: Elementary Counselor) \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work E-Mail \_\_\_\_\_ Home E-mail \_\_\_\_\_

**Please print your e-mail addresses clearly and legibly. PSSCA communicates with members primarily by e-mail.**

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

How many years have you been a counselor? \_\_\_\_\_

Signature \_\_\_\_\_

Please select the type of membership for which you are applying:      Check one:       New Member       Renewal

Type of Membership	Annual Cost	Amount Enclosed
<b>Professional</b> <small>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.</small>	\$35.00	
<b>Student *</b> <small>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.</small>	\$15.00	
<b>Retired</b> <small>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.</small>	\$15.00	
<b>Emeritus</b> <small>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.</small>	\$0	\$0
<b>Affiliate</b> <small>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.</small>	\$30.00	

<b>Total PSSCA Dues Enclosed</b>	
----------------------------------	--

\*For student rate, you must be enrolled as a full-time student and include faculty verification.      → Faculty Signature \_\_\_\_\_  
Institution \_\_\_\_\_  
Number of Semester Hours Enrolled \_\_\_\_\_

**For Official Use Only**

Date Received \_\_\_\_\_ Received from \_\_\_\_\_ (if different from applicant)      Check or PO Number \_\_\_\_\_  
**Membership expires 12 months from date received (ex. received August 1, 2013, expires August 1, 2014)**

**Make all checks for all dues payable to PSSCA.**  
**Leonis Wright, PSSCA Membership Development Chairperson, 529 Laurel Ridge Rd., North Charleston, SC. 29418**