

# MONTANA SCHOOL COUNSELOR ASSOCIATION

## MEMBERSHIP APPLICATION

The MSCA membership year runs from October 1st through September 30th. Dues received after March 31st will be applied to the following membership year. (Spring conference fees include membership dues for the 2009-10 membership year.)

**NAME** \_\_\_\_\_

(Print your name as you would like it to appear on your membership certificate.)

**HOME ADDRESS** \_\_\_\_\_

Street or P.O. Box

City

State

Zip

**HOME PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**SCHOOL NAME** \_\_\_\_\_

**SCHOOL ADDRESS** \_\_\_\_\_

Street or P.O. Box

City

State

Zip

**SCHOOL PHONE** \_\_\_\_\_

**SCHOOL FAX** \_\_\_\_\_

**PRESENT POSITION**

K-12

High School

Middle School

Elementary School

Other \_\_\_\_\_

### 2009-10 MEMBERSHIP

(through September 2010)

**Please Check:**

**Annual Membership Fee:**

Professional

New

Renewal

(\$30.00)

\_\_\_\_\_

Student

New

Renewal

(\$10.00)

\_\_\_\_\_

Retired

New

Renewal

(\$10.00)

\_\_\_\_\_

Supporting

New

Renewal

(\$50.00)

\_\_\_\_\_

**PLEASE MAIL ANNUAL DUES TO:**

LAURA SIMPSON  
MSCA TREASURER  
PO BOX 117

GERALDINE MT 59446-0117

*Your membership and support help ensure a continued network of school counselors across Montana.*

**MAKE CHECKS PAYABLE TO:**

Montana School Counselor Association

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Membership Certificate Issued: \_\_\_\_\_