

Vermont School Counselor Association  
PMB 301 150 Dorset Street  
South Burlington, VT 05403-6275  
**MEMBERSHIP REGISTRATION**

NAME: \_\_\_\_\_

RENEWAL       NEW MEMBER

HOME INFORMATION: Street/PO Box: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

WORK INFORMATION: School Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

PREFERRED MAILING ADDRESS:      Home      Work  
MY CURRENT PROFESSIONAL EMPLOYMENT IS:      *(check all that apply)*  
 High School Counselor       Vocational Counselor  
 Elementary Counselor       Career & Technical Counselor Coordinator  
 Middle School Counselor       Private Practice Counselor  
 College Counselor       Mental Health Counselor  
 Student Assistance Counselor       Substance Abuse Counselor  
 Mental Health Clinician in the school       Other \_\_\_\_\_  
 VSAC Counselor

**Membership Fees for VTSCA**

<input type="checkbox"/> 1 <sup>st</sup> year Licensed School Counselor	(\$25.00)	\$ _____
<input type="checkbox"/> Licensed School Counselor	(\$45.00)	\$ _____
<input type="checkbox"/> Affiliate Counselor	(\$45.00)	\$ _____
<input type="checkbox"/> Student	(\$25.00)	\$ _____
<input type="checkbox"/> Retired School Counselor	(\$25.00)	\$ _____
Total		\$ _____

Payment Type Enclosed  
Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Purchase Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Are you a member of the American School Counselor Association (ASCA)? \_\_\_\_\_  
Are you a member of VT-NEA? \_\_\_\_\_