



# Western Suffolk Counselors' Association

## WSCA MEMBERSHIP APPLICATION July 1, 2023 – June 30, 2024

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

School/Agency \_\_\_\_\_

Street Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Number \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### Retired Members

Alternate Address \_\_\_\_\_  
Street City State Zip Code

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_  
Month/Day Month/Day

Send Mail to my Business Address: \_\_\_\_\_ Home Address \_\_\_\_\_

Membership Type: Regular  Retired  Student  Renewal  New Member

Work Setting: Elementary  Middle  JHS  SHS  Agency  College  Other

Please email application to [wsc@optonline.net](mailto:wsc@optonline.net) or mail to Western Suffolk Counselor's Association

595 Route 25A - Suite 18, Miller Place, NY 11764

Payment Method:  
Check (Payable to WSCA)  PO  Venmo  Paypal

#### Membership Fees

Regular \$ 25  
Retired \$ 20  
Student \$ 20

**PLEASE NOTE: To be included in the e-directory, you must pay your dues by November 16th.**

Check this box if you do not have a business address and you do not want your e-mail or home address to appear in the directory.

**Students** – (Please have your instructor complete the certification below)

I hereby certify that this applicant is a full-time, matriculated student at

College \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

#### Internal Use

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Membership # \_\_\_\_\_

Date \_\_\_\_\_

Date to Treasurer \_\_\_\_\_