



Western Suffolk Counselors' Association

WSCA MEMBERSHIP APPLICATION July 1, 2017 – June 30, 2018

First Name _____ Last Name _____

Title _____

School/Agency _____

Street Address _____ E-mail Address _____

City _____ State _____ Zip _____

Work Number _____ Fax _____

Home Address _____

City _____ State _____ Zip _____

Home Number _____ E-mail Address _____

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 mail this application form together with your check (payable to Western Suffolk Counselors' Association) to:

Western Suffolk Counselors' Association, 595 Route 25A — Suite 18, Miller Place, NY 11764 • 631-209-0839

Membership Fees

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

PLEASE NOTE: To be included in the directory, you must pay your dues by November 17th.

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 _____