Mail to:
GSCA
2100 Roswell Rd.
Suite 200C PMB 326
Marietta, GA 30062

1-888-455-0997

Membership Year: July1 – June 30

Membership Dues: As of July 1, 2007

Professional	**$50**
Affiliate	**$50**
Student & Retired	**$25**
Past Presidents	**(No Dues)**

GEORGIA SCHOOL COUNSELORS ASSOCIATION

(A Chartered Division of the American School Counseling Association)

Membership Application – 2007-08

_____

Last Name **First Name** **Middle Name** **(Preferred Name)**

Contact Information: **Home** **Work**

Mailing Address: _____ _____

City, State, Zip: _____ _____

Email Addresses: _____ _____

Telephone / Fax: _____/_____ _____/_____

School Name/System/Region: _____/_____/_____

Student Members Must Complete this Section:
I certify that the applicant is **currently** enrolled in an **accredited** school counseling certification program during this academic year at:

_____
Name of College or University

_____
Signature of Professor Date

I certify that I am a full-time student and that I do not quality for Professional membership.

_____
Signature of Student Date

☐ **New Member** ☐ **Membership Renewal**

Membership Type

☐Professional	($50)
☐Affiliate	($50)
☐Student	($25)
☐ Retired	($25)
☐ Past President	(No Dues)

School Type
☐ Public
☐ Private

Work Setting
☐ Elementary
☐ Middle School/Junior High
☐ Secondary
☐ Postsecondary
☐ Coordinator/Supervisor
☐ Retired
☐ Other

ASCA Membership Number: _____

☐ **I do not wish to be included in the GSCA listserv.**

Please select your preferred delivery method for GSCA's *The Beacon:*
Electronic (Emailed) _____ or Printed (Mailed) _____

By signing this application for membership in GSCA, I agree to abide by the ASCA *Ethical Standards for School Counselors* (2004), whether I am a member of ASCA or not. I further certify by my signature that I am qualified for the Membership Type that I selected above and I have indicated my correct Work Setting.

_____ _____
Signature **Date**

Membership Dues: $_____
(If you would like to make a contribution to GSCA, indicate the amount(s) below and include it in your check total.)

Scholarship Fund: $ _____ General Fund: $_____ **Total Amount Enclosed (Dues + Contributions) $_____**

Payment:
_____Check (Make Payable to GSCA (Please do not staple check to application form)
_____ Credit Card _____Visa _____ Mastercard
Billing Address _____ City_____ State _____ Zip_____
Card # _____Expiration _____ Security Code _____
Signature to Authorize Charge _____