

ISCA Membership Application

__New Membership __Renewal Membership

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Fax: (____) _____
Job Title: _____
Place(s) of Work: _____ Grade Levels: _____
Corporation: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Work Phone: (____) _____ Fax: (____) _____
Preferred Email Address: _____

CIRCLE ONE ISCA MEMBERSHIP TYPE:

Professional \$45 Affiliate \$45 *Student \$25 Emeritus \$25

*Professor's Signature Required _____

Write checks payable to ISCA

To pay by credit card, go to our secure website ww.indianaschoolcounselor.org

Membership Survey (please circle):

1. Would you be willing to serve on a committee? YES NO MAYBE

2. Would you like to present a workshop? YES NO

Topic: _____

3. What professional concerns do you have which could be served by ISCA?

Send Membership Application and Payment to:

Allen Hill
Executive Director
ISCA
8941 Cockerham Circle
Indianapolis, IN 46278
iscaexec.director@gmail.com