

Please supply

Name on Card:

Phone/Email

credit card

Contact:

information:

## 2017 - 2018 **Membership Application**

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	Renewal	
-6		ArSCA ID Number

Security

Code:

www.arschoolcounselor.org Personal Information: Please Print. \_\_\_\_\_Birth Month: Birth Day: District: County: Current School(s): **Educational Coop: WORK INFO HOME INFO** Street: Street Zip: \_\_\_ City: Zip: City: Home Phone: Work Phone: Work Email: Home Email: **Circle One:** I prefer to receive information at: HOME WORK As a member of Arkansas School Counselor Association, I agree to abide by the ASCA Code of Ethics. **Annual Membership Dues** (Please mark your choices by completing the necessary boxes.) **Amount Due Arkansas School Counselor Association** Regular Membership \$75.00 Annual Membership year begins July 1 and ends June 30. Student Membership \$45.00 (Price includes regional dues.) Retired Membership \$45.00 ArSCA Regions (Please select a region below.) (Select Region Below) Central Cleburne, Conway, Faulkner, Perry, Pope, Pulaski, Van Buren & Yell Counties North Central Baxter, Boone, Carroll, Fulton, Independence, Izard, Marion, Newton, Searcy, Sharp, Stone Counties Northeast Clay, Craighead, Crittenden, Cross, Greene, Jackson, Lawrence, Mississippi, Poinsett, Randolph, White, & Woodruff Counties Northwest Benton, Crawford, Franklin, Johnson, Logan, Madison, Sebastian & Washington Counties Southeast Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Prairie & St. Francis Counties Southwest Clark, Columbia, Dallas, Garland, Hempstead, Hot Spring, Howard, Lafayette, Little River, Miller, Montgomery, Nevada, Ouachita, Pike, Polk, Saline, Scott, Sevier & Union Counties Payment Options: If payment sent by mail, please send application & payment to ArSCA address below. Make Check Payable to: Arkansas School Counselor Association Check: P.O. Box 11470 Conway, AR 72034 Purchase Order: Purchase Order #: Number of counselors attached to this P.O.: Credit Card: Credit Card #

Expiration Date: /

Susie Harvison at Arkansasschoolcounselors@gmail.com or 501-428-7167

Signature: