



2021-2022 Membership Application

www.arschoolcounselor.org

New Member
 Renewal _____
ArSCA ID Number

Personal Information: Please Print.

Name: _____ Birth Month: _____ Birth Day: _____
 District: _____ County: _____
 Current School(s): _____ Educational Coop: _____

WORK INFO	HOME INFO
Street: _____	Street: _____
City: _____ Zip: _____	City: _____ Zip: _____
Work Phone: _____	Home Phone: _____
Work Email: _____	Home Email: _____

Circle One: I prefer to receive information at: **HOME** **WORK**

As a member of the 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 Annual Membership year begins July 1 and ends June 30. (Price includes regional dues.)	Professional Membership \$75.00
	Student Membership \$45.00
	Retired Membership \$45.00
	Affiliate Membership \$60.00

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.

Check: Make Check Payable to: **Arkansas School Counselor Association**
 P.O. Box 11470
 Conway, AR 72034

Purchase Order: Purchase Order #: _____
 Number of counselors attached to this P.O.: _____

A \$3.00 fee will be assessed for all credit card transactions.

Credit Card:	 	 	Credit Card # _____ - _____ - _____ - _____ Expiration Date: ____ / ____ Security Code: _____ Name on Card: _____ Signature: _____
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Contact: Phone/Email Susie Harvison at ArkansasSchoolCounselors@gmail.com or 501-428-7167

Please note - dues reimbursed by school districts are not allowed to be used as personal tax exemptions.