



Membership Application

www.arschoolcounselor.org

Date: _____

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 Springs, 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 #: _____
Numl bæ of counselors attached to this P.O.: _____

Credit Card:     **A \$3.00 fee will be assessed for all credit card transactions.**

Please supply credit card information: _____
Credit Card # _____
Expiration Date: ____ / ____ Security Code: _____
Name on Card: _____ Signature: _____

Contact: Phone/Email Susie Harvison at office@arschoolcounselor.org or 501-428-7167

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