

HSCA (Hawaii School Counselor Association) Membership Application

Name: _____
Home Address: _____ City, State, Zip _____
Home Phone: _____ Work Phone: _____
School/Place of Employment _____
Position: _____ Email: _____

Each year, HSCA provides a list of our members to the American School Counselor Association (ASCA), which is the national organization which we are a chapter of. If you would like your name and address excluded from this list, please initial here. _____ ASCA member? ___Yes ___No

HSCA will be publishing a directory. If you would like your name and address excluded from this directory, please initial here. _____

Check one of the following: I would like my HSCA Newsletter delivered by: ___US Postal Service ___Email

I wish to join the Hawaii School Counselor Association as a:

___Professional Member: A professional member holds a Master's Degree in counseling or certification as a school counselor from the State of Hawaii and must be employed as a counselor, director, supervisor or coordinator of guidance services(or equivalent title) in a school organization and must devote 50% or more of the time to counseling and/or guidance activities.

___Regular Member: A regular member holds neither a Master's Degree nor a school guidance certificate from the State of Hawaii but is employed as a counselor, director, supervisor, or coordinator of guidance services (or equivalent title) in a school organization and must devote 50% or more of the time to counseling and/or guidance activities.

___Affiliate Member: Affiliate members are individuals who are interested in supporting the profession of school counseling, but who are not eligible for either Professional or Regular membership.

___Student Member: Student members must be enrolled in a college or university and working toward a degree in school counseling or a closely related field.

I am willing to become involved in the following committees:

___Newsletter ___Conference ___Membership
___Elections ___Awards ___School Counselor Week
___Social/Recreation ___Government Relations/Advocacy ___Interprofessional Relations
___Research ___Website

Liaison for:

___Private Schools ___Central District ___Hawaii District ___Honolulu District
___Leeward District ___Windward District ___Kauai District ___Maui District
___College Students ___Other Professional Organizations

Dues Enclosed:

___\$25.00 for Professional, Regular, or Affiliate Membership (1 year)

___\$20.00 for Student Membership (check here if interested in liability insurance)_____

For HSCA use:		
Date	cash	received:
_____	_____	_____
Date	check	received:
_____	_____	_____
Check number:		
_____	_____	
Date	cash/ck	deposited:
_____	_____	_____
Membership expiration date:		

Make checks payable to Hawaii School Counselor Association (HSCA)
Mail to: Hawaii School Counselors Association (HSCA), Membership Committee, P. O. Box 11359, Honolulu, HI 96828
(Revised SY 06-07)