

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. _____
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:

____\$40.00 for Professional, Regular, or Affiliate Membership ****SPECIAL TWO YEAR RATE! Saves 20%! Offer expires 2/8/18**
____\$25.00 for Professional, Regular, or Affiliate Membership (1 year)
____\$20.00 for Student Membership

Make checks payable to Hawaii School Counselor Association (HSCA)

Mail to: Hawaii School Counselors Association (HSCA), Membership Committee, P. O. Box 894034, Mililani, HI 96789