

## 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 2/8/19  
\_\_\_\_\$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