ISCA Membership Application

___New Membership ___Renewal Membership

Name:_________________________________________________________________

Home Address:__________________________________________________________

City:________________________________ State:__________ Zip:_______________

Home Phone: (_____)______________________ Fax:(_____)_____________________

Job Title:________________________________________________________________

Place(s) of Work:___________________ Grade Levels:_________

Corporation:____________________________________________________________

Work Address:_____________________City:______________State:____Zip:________

Work Phone: (_____)______________________ Fax: (_____)_____________________

Preferred Email Address:__________________________________________________

CIRCLE ONE ISCA MEMBERSHIP TYPE:

Professional $45 Affiliate $45 *Student $25 Emeritus $25

*Professor’s Signature Required____________________________________________

Write checks payable to ISCA

To pay by credit card, go to our secure website ww.indianaschoolcounselor.org

Membership Survey (please circle):

1. Would you be willing to serve on a committee? YES NO MAYBE

2. Would you like to present a workshop? YES NO

Topic:___________________________________________________________________

3. What professional concerns do you have which could be served by ISCA?

________________________________________________________________________

________________________________________________________________________

Send Membership Application and Payment to:

ISCA Membership
331 Parkview Place
Apt B
Carmel, IN 46032