



RHODE ISLAND SCHOOL COUNSELOR ASSOCIATION MEMBERSHIP APPLICATION

*The Rhode Island School Counselor Association is a state division of the
American School Counselor Association (ASCA)*

(Please print all information.)

Name: _____

Address (Home): _____

City: _____ State _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

**E-mail: _____

(**Membership confirmation will be sent to you electronically.)

Employment Information: Check all that apply:

Elementary _____ Middle/Jr. High _____ Secondary _____ Counselor Educator _____ District _____

Professional Title: _____

Name of School: _____ District Name: _____

Membership Type: Check one:

Professional (\$50) _____ Affiliate (\$50) _____ Student (\$25) _____ Retired (\$25) _____

Register online at www.rischoolcounselor.org or make checks payable to
Rhode Island School Counselors Association (RISCA)
(Sorry, purchase orders cannot be accepted.)

Mail this form and payment to:

Stacy Haines-Mayne, Treasurer 183 Clarks Falls Road North Stonington CT 06359-1406