

Oklahoma School Counselor Association Membership Form

Title Mr. Mrs. Miss Ms. Dr.

Name _____ Date _____
Last First Middle Initial

Employment

School Name _____ School District _____

Email _____ Phone _____

Mailing Address _____ City _____

State _____ Zip _____ County _____

Residence

Billing Address _____ City _____

State _____ Zip _____ County _____

Position

- Counselor
- Counselor Educator/Instructor
- Student

Level

- Elementary
- Middle/Junior
- Secondary
- Multi-Level (PK-12)
- Post-Secondary
- Career Services
- Private Business
- Agency
- Career Technology Center
- Other

Membership Type

- Professional
- Retired
- Student
- Affiliate

New or Renewal

- New Membership Renewal **OSCA Dues.....\$25**
- Check
- Visa or Mastercard Card # _____
- CVV _____

Billing Zip _____ Exp Date _____ Signature _____

****Completed Applications and Payment should be mailed to:**

OSCA PO Box 3932, Broken Arrow , OK 74013**