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**