

CREATING A WORLD WHERE ALL STUDENTS SUCCEED!

United in a shared cause, California Association of School Counselors, Inc. (CASC) members are champions for a balanced approach to education, fairness and equity for all students, high academic standards and for appropriate and meaningful services that support student success in school and in life.

DISCOVER THE BENEFITS OF MEMBERSHIP AND JOIN AN ASSOCIATION DEDICATED TO THE INTEREST AND NEEDS OF SCHOOL COUNSELORS IN CALIFORNIA!

BENEFITS INCLUDE:

1. Strong advocacy for students and school counselor-related issues in Sacramento.
2. Opportunities to participate in outstanding leadership development programs, seminars, interactive workshops and conferences.
3. Access to current and pertinent news and updates effecting school counseling.
4. Valuable discounts on publications, curriculum, educational support materials and more.
5. Networking opportunities at meetings, conferences and workshops.
6. Cost-saving opportunities on liability insurance.
7. Exclusive member access to list serve, website and web links.
8. Subscription to the quarterly publication of The California School Counselor.

Be a part of a thriving and most highly respected association of its kind - California Association of School Counselors, Inc.(CASC) Become a member today. Your support counts.

MAIL OR FAX TO CASC • P.O. BOX 1647 DUARTE, CA 91009 • FAX (626) 256-6635

Note: Please use this form ONLY if you are joining CASC as a new member or renewing your existing membership.

Questions? Please email:

casc-customerservice@schoolcounselor-ca.org

MEMBERSHIP APPLICATION Complete and return this form to become a **new member of CASC** or to **renew an existing membership ONLY.**

FirstName: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Fax: () _____

Home Email Address: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: () _____ Fax: () _____

Organization: _____ Work Title _____

Work Email Address: _____

County of Employment: _____ GENDER: _____

Work Setting: High Middle Elementary Adult Post Secondary

Supervisor District Level Retired Other: _____

I would like to **renew** my CASC membership. Member ID # _____

I would like to become a **new CASC member.**

PLEASE CHECK ONE ONLY:

- Regular Member:** Works in K-12 or university setting as counselor, counselor supervisor or counselor educator (**Annual dues \$85**)
- Associate:** Holds a masters degree in counseling or related field (**Annual Dues \$85**)
- Retired:** Holds all privileges held prior to retirement as regular or associate member (**Annual Dues \$50**)
- Allied:** Cooperation/Business/Individual supporting the mission of CASC (**Annual Dues \$250**)
- Affiliate:** Any person who has an interest in counseling, not eligible for any other type of membership, may become an Affiliate member. (**Annual Dues \$50**)
- Student:** Graduate student enrolled in a program of study leading to masters/doctorate and/or credential in school counseling or related field. (**Annual Dues \$45**)

University: _____ Supervisor Email: _____

Supervisor Name: _____

Signature of University Instructor Required: _____

- I would like to receive CASC approved mailings electronically.
- I would like to buy a CASC Membership Certificate (**add \$12.00**).
- I would like to donate an extra \$10, \$25, \$50, \$100 for school counseling advocacy work. **Add Amount** _____

TOTAL Charges: _____

Check - Please Make Check Payable to CASC

Credit Card Visa MasterCard

Card Number: _____

Expiration Date: Month _____ Year _____

CCV CODE (Last 3 digits on back of Credit Card)

CASC is authorized to charge my credit card for payment for the total charges.

Signature: _____ Date: _____

Name as it Appears on Card: _____

