

## **Membership Application**



Name	Work Place
Home Address	
City, State, Zip	
Home County	
Phone	
E-Mail Address	
	<u> </u>
Work Setting (check one) ☐ Elementary	Region of CA in which you live:
☐ Middle / Jr. High ☐ High School	□ Northern
☐ K-12 ☐ Post-Secondary/Community College	☐ Central
<ul><li>Counselor Educator – University</li><li>School/District Administrator</li></ul>	☐ Southern
☐ Non-Educational Setting ☐ Retired	☐ Los Angeles County
Graduate Student (not currently working as School Name	
Advisor's Name and Email	
Member Types: ☐ Regula	
Member Types: ☐ Regula☐ Retired  Auto-renewal Options:	
☐ Retired  Auto-renewal Options:  ☐ Monthly Installments: (available to Regular, As  By checking this box, you authorize CASC to auton	ssociate, Retired and Student members using a credit card for payment) natically charge your credit card once each month for 1/12 of the amount of your
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Auto-renewal Options:    Monthly Installments: (available to Regular, As By checking this box, you authorize CASC to auton annual membership for the full term of 12 months     Auto-Renewal: (available to members using a charge your credit card on an annual basis for your stall Payment Due     Membership Dues     Membership Certificate (\$12)	Retired – Lifetime Membership - \$250  ssociate, Retired and Student members using a credit card for payment) matically charge your credit card once each month for 1/12 of the amount of your s.  credit card for payment) By checking this box, you authorize CASC to automatically ir membership at the specified amount above.  Payment Method  Check (made payable to CASC) Invoice Me (once this form has been processed, you will receive an invoice to pay via credit card)

Please mail completed application with payment to CASC, 1095 Bonita Avenue, La Verne, CA 91750. Credit card payments may also be faxed to (909) 693-5101. For faster processing, your payment online at please visit www.schoolcounselor-ca.org. For questions, please call (909) 815-5222 or email customerservice@schoolcounselor-ca.org.