



Membership Application



Name _____

School _____

Home Address _____

Work Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

E-Mail Address _____

Secondary E-Mail Address _____

Work Setting (check one)

- Elementary
- Middle / Jr. High
- High School
- K-12
- Post-Secondary/Community College
- Counselor Educator – University
- School/District Administrator
- Non-Educational Setting
- Retired
- Graduate Student (not currently working as a school counselor)
 School Name _____
 Advisor's Name and Email _____

Region of CA in which you live:

- Northern
- Central
- Southern
- Los Angeles County

Member Types:

- Regular - \$85
- Student - \$45 (limited to three years)
- Retired - \$50
- Affiliate - \$85

Auto-renewal Options:

- Monthly Installments:** (available to Regular, Associate, Retired and Student members using a credit card for payment)
By checking this box, you authorize CASC to automatically charge your credit card once each month for 1/12 of the amount of your annual membership for the full term of 12 months.
- Auto-Renewal:** (available to members using a credit card for payment) By checking this box, you authorize CASC to automatically charge your credit card on an annual basis for your membership at the specified amount above.

Total Payment Due

\$ _____ Membership Dues
 \$ _____ Membership Certificate (\$12)
 \$ _____ TOTAL

Payment Method

- Check (made payable to CASC)
- Visa MasterCard Discover American Express

Enter Credit Card Number Below:

Exp. Date: (mm/yy) / **CV Code:**

Name on Card

Signature

Billing Address (if different from above)