

Five Steps to your STCA Membership 2016-17

1) Personal and Contact Information

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State/Province _____ Zip _____ County _____

Work Phone () _____ Home Phone () _____ Cell Phone () _____

E-mail _____ Fax () _____ Date: _____

2) Select your STCA Membership

\$30 Professional: Individuals who hold a master's degree or higher in counseling or degree in a closely related field from a college or university.

Please indicate education Level:

Master's Doctoral

TYPE OF LICENSE

- Certified School Counselor
 Licensed Marriage & Family Therapist
 Licensed Professional Counselor

Temporary License/Intern # _____

National Certified Counselor

Other (please specify) _____

\$25 Student: Individuals who are enrolled at least half-time in A college or university program.

Please indicate education Level Master's Doctoral

\$25 Retired: Individuals who are no longer actively employed.

3) Payment Method

Total amount enclosed \$ _____

Check or money order, payable to STCA in U.S. funds

No Cash please.

Your membership card will be sent via e-mail.

Send Form and payment to:

STCA Membership
1150 N Loop 1604 W
Suite 108-632
San Antonio, Texas 78248

4) Getting to know you

Place of Employment _____ Title _____

Area of specialization(s): _____

5) Areas or skills you would like to share your expertise

(Check all that apply). This information will be given to appropriate chairperson and you will be contacted by them directly:

- | | | | |
|---|-------------------------------------|---|---|
| <input type="checkbox"/> organizational | <input type="checkbox"/> writing | <input type="checkbox"/> legislative/advocacy | <input type="checkbox"/> awards/recognition |
| <input type="checkbox"/> administrative | <input type="checkbox"/> programs | <input type="checkbox"/> presentations | <input type="checkbox"/> computer/web site |
| <input type="checkbox"/> social events | <input type="checkbox"/> newsletter | <input type="checkbox"/> incentives | <input type="checkbox"/> Outreach |

Are you a Past-President of STCA? _____ If so, when? _____.

For Office use only

check # _____ cash \$ _____ Deposited ___/___/___

Name: _____ Contact Information _____