

Oklahoma School Counselor Association Membership Form

Title

Mr. Mrs. Miss Ms. Dr.

Name _____ Date _____
Last First Middle Initial

(Please print clearly and make checks payable to OSCA.)

Membership Period July 1 – June 30

Employment*

School Name _____

School District _____ Email _____

Mailing Address _____ Phone _____

City _____ State _____ Zip _____ County _____

Residence

Billing Address _____ Phone _____

City _____ State _____ Zip _____

**All mailings will be sent to school address unless applicant indicates residential address preference by checking here.*

Position

- Counselor
- Counselor Educator/Instructor
- Student

Level

- Elementary
- Middle/Junior
- Secondary
- Multi-Level (K-12) Post-Secondary
- Career Services
- Private Business
- Agency
- Other

Membership Type

- Professional
- Retired
- Student

New or Renewal

- New Membership Renewal

OSCA Dues.....\$25

- Cash
- Check
- Credit Card Visa Mastercard Card # _____ CVV _____

Billing Zip _____ Exp Date _____ Signature _____