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## APPLICANT INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

CURRENT JOB / POSITION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EDUCATIONAL SERVICE CENTER REGION #: \_\_\_\_\_

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## MEMBERSHIP TYPE *(SELECT ONE)*

- Professional Membership (\$30).** School counseling professionals who hold a master's degree or higher in school counseling or the substantial equivalent and are employed as school counselors, supervisors of school counselors, or professors of counseling in a graduate program that prepares school counselors are eligible for Professional membership.
- Retired Members (\$20).** Professional members in retirement are eligible for Retired membership.
- Student Membership (\$20).** Students enrolled in a master's level program that prepares school counselors are eligible for Student membership.
- Affiliate Membership (\$30).** Individuals interested in school counseling, who are not eligible for any other type of membership, are eligible for Affiliate membership.

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## SUBMIT FORM & PAYMENT

Mail this completed form and a check payable to "LSSCA" to:

Lone Star State School Counselor Association  
P.O. Box 485  
Needville, TX 77461

