



MEMBERSHIP APPLICATION

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL ADDRESS _____

SCHOOL _____

DISTRICT _____

CURRENT JOB/POSITION _____

WORK ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

EDUCATIONAL SERVICE CENTER REGION # _____

How to join: Fill out this form and send a check for \$30.00 payable to "LSSSCA" to

Lone Star State School Counselor Association

P.O. Box 485, Needville, TX 77461