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