## Ohio School Counselor Association MEMBERSHIP FORM

Name		Title: 🗆 Mr. 🗆 Ms. 🗆 Mrs. 🗀 Miss 🗆 Dr.
E-mail		
Home Address	County	
City	State Zip	Hm Ph:/()
School Bldg	County	School Phone ()
School Address	City	State Zip
PLEASE INDICATE.  RENEWAL NEW MEMBER  NOTE: OSCA membership will be valid for one year from.  date of enrollmentl.	Years of Counseling Experience List other Professional Counseling Ass  OEAI OCAI ASCAI Counseling Counseling Ass  Please note: OSCA does not comply with request	oso ciations of which you are currently a member_ Other
CHECK TYPE OF MEMBERSHIP:  PROFESSIONAL	Would you be willing to serve active interest below:  Grants and Awards Eegislative Communication Public Relations Technology Professional Development Framework	vely in an OSCA leadership role? If so, indicate area(s) of
□ OCA\$90 □ ASCA\$115  Make Checks payable to OSCA and mail to:  Iris J. Sutherland, Executive Secretary  P.O. Box 194, Doylestown, OH 44230  800-680-9414 FAX: 330-658-6430  E-mail: OSCA @neohio.twcbc.com  We bsite: www.ohioschoolcounselor.org		f counselors who feel, as a result of extensive training or others as advisors on special issues. If you feel you sor, indicate below:  Ethical Issues
PLEASE ACCEPT No Display your pride and unity as a member of Ohio professional pride before your clients Please enter your clients	s and collegues with this attractive certifi your name below as you wish it to appea	ition for school counselors. Now you can display your ficate embossed with the gold OSCA logo.