

Southwest Missouri School Counselors Association Registration and Membership Form

Counselor Name:

Last _____ First _____ MI _____

School District/Agency Name: _____

School Address _____

City/State/Zip _____ County _____

School Telephone # (_____) _____ FAX # (_____) _____

Home Address _____

City/State/Zip _____ County _____

Home Telephone # (_____) _____ Cell # (_____) _____

Email _____ Alt. Email _____

PROFESSIONAL MEMBERSHIPS (Please check all that apply)

MSCA ASCA MSTA MNEA MO-ACTE Other

NOTE REGISTRATION DEADLINES! NO REFUNDS CAN BE GIVEN AFTER DUE DATES.

Please check all that apply:

_____ \$15 SMSCA Dues for the 2009-2010 (July 1, 2009-June 30, 2010)

_____ \$10 SMSCA Student Dues for 2009-2010 (July 1, 2009-June 30, 2010)

Professional Elementary Middle School High School K -12

Post-Secondary Retired (See By-laws for dues exemption) Student/School _____

_____ **Check here if you are a new counselor.** (First year counselors are invited to attend the Fall Workshop free of charge. Please check below only if you plan to attend.)

_____ **SMSCA Fall Workshop** (10-13-09). \$15 member / \$30 non-member **DUE BY 10-5-09 for workshop only**

_____ **Critical Incident Workshop** (11-20-09). \$10 member / \$25 non-member **DUE BY 11-13-09**

_____ **I want to order an SMSCA shirt (button-down Oxford) to pick up at the SMSCA fall luncheon. \$21 DUE BY 9-28-09**

Denim _____ or White _____ (circle the size you are ordering-*women's tend to run small*)

Lady's – S M L XL XXL Men's – S M L XL XXL 3XL (Add \$2 for sizes larger than XL)

_____ **TOTAL Amount Enclosed**

PLEASE DO NOT SEND PURCHASE ORDERS.

Make checks payable to SMSCA.

Mail completed form and payment to:

Pearlene Breshears, Treasurer SMSCA

451 East Locust, Bolivar, MO 65613