

South Dakota Counseling Association

Membership Application & Annual Membership Renewal

Please type/print the information below

Name				
FIRST			LAST	
	g Address			
City		State	Zip _	
Preferi	red Telephone	□ Office □ Ho	ome Cell	
Prefer				
Email*	are RETIRING this year, please provide a	personal email add	ress:	
-		-		
1: Sou	th Dakota Counseling Association Me	embership (required	d for best conference	e rate)
<u></u>	_	•		,
	SDCA Professional or Affiliate Membersh school/mental health or any individual in a role that			\$80
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	SDCA New Professional Member (new pro	ofessional in the field one	year or less)	\$45
	CDCA Chadant on Dating d Manch analys	□ Ctdat □ Dat	to a d	ФОО
	SDCA Student or Retired Membership	□ Student □ Ret	irea	\$30
2. Aros	as of Specialty (may join more than or	no area of special	tv/\	
<u>z</u> . Alea	as of Specialty (may join more than or	ie area ur speciai	Student/Retired	Profession
	SD Mental Health Counseling Association	(SDMHCA)	\$10	\$30
	SD Native American Counseling Association		\$10	\$20
	SD School Counselor Association (SDSCA		\$10	\$30
	SDSCA Affiliate or Allied Member (A Business			
	First time SDSCA professional member	r AND graduated in t	ne last 12 months	\$15
	Please indicate Institution/University		Month/Year gra	aduated
0. Tata	al Dura			
3 : Tota		ciation Membership	\$	
	The state of the s	p 2: Specialty Area	\$	
		, , ,		
0	ptional: Donation to SDCA Graduate Studer		\$	
	IOIAL (enclose	ed or to be charged)	\$	
Name	on Card		□ Ch	eck Enclos
Type				
CV Code	Exp.Date	Mail appli	cation with form of p	ayment to:
Card #			kota Counseling A	ssociation
I autho	rize SDCA to make above charges to my credit card		PO Box 38	
		OR so	Platte SD 57369 dca.counseling@gm	ail com
	Cardholder Signature	OK <u>st</u>	aca.couriseiiiig@gii	iaii.com