

## South Dakota Counseling Association Membership Application Please type/print the information below

| Step 1: South Dakota Counseling Association Membership (required for best confered and special | •                |  |   |                                    |                                 | ivallie -       |
|--|------------------|--|---|------------------------------------|---------------------------------|-----------------|
| Preferred Telephone  |                  | LASI   | LA  | KSI                                |                                 | Mailing A       |
| Preferred Telephone  | •                | Zip  |   |                                    | City.                           | •               |
| Email* If you are RETIRING this year, please provide a personal email address: Why did you first become a member of SDCA? a colleague referred a website a postcard/mailling a professor a emplerequirement  Step 1: South Dakota Counseling Association Membership (required for best confered and source in the professional or Affiliate Membership (Counselor educator, practicing counselor; school/mental health or any individual in a role that supports the goals of professional counseling)  SDCA New Professional Member (new professional in the field one year or less)  SDCA Student or Retired Membership  Student Retired  Step 2: Areas of Specialty (may join more than one area of specialty)  SD Mental Health Counseling Association (SDMHCA) \$10  SD Native American Counseling Association (SDMACA) \$10  SD School Counselor Association (SDSCA) \$10  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor busport school counseling.  First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University Month/Year graduated.  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Brookings Area) \$5  Interlakes Chapter (Perokings Area) \$5  North Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Genokings Area) \$5  North Central Chapter (Huron / Mitchell Area) \$5  Sioux Chapter (Sioux Empire Area) \$5  West River Chapter (Western SD) \$5  Step 2: Specialty Area \$5  TOTAL (enclosed or to be charged) \$5  Annual Membership Renewal  |                  |  | e 🗆 Home                                    |                                    | •                               |                 |
| The you are RETTRING this year, please provide a personal email address:  Why did you first become a member of SDCA? □ colleague referred □ website □ postcard/mailing □ professor □ empleaguement  Step 1: South Dakota Counseling Association Membership (required for best confere SDCA Professional or Affiliate Membership (Counselor educator, practicing counselor, school/mental health or any individual in a role that supports the goals of professional counseling)  SDCA New Professional Member (new professional in the field one year or less)  SDCA Student or Retired Membership □ Student □ Retired  Step 2: Areas of Specialty (may join more than one area of specialty)  SD Mental Health Counseling Association (SDMHCA) \$10  SD School Counselor Association (SDSCA) \$10  SD School Counselor Association (SDSCA) \$10  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counselor First time SDSCA professional member AND graduated in the last 12 months  Please Indicate Institution/University Month/Year graduate  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5  Interlakes Chapter (Brookings Area) \$5  North Central Chapter (Persokings Area) \$5  North Central Chapter (Western SD) \$5  Step 4: Total Due  Step 1: Association Membership \$5  Step 2: Specialty Area \$5  Step 3: Chapter Affiliate \$5  Optional: Donation to SDCA Graduate Student Endowment Fund \$  TOTAL (enclosed or to be charged) \$  Annual Membership Renewal  |                  |  |   |                                    | Preferred                       | Preferred       |
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| SDCA Professional or Affiliate Membership (Counselor educator, practicing counselor; school/mental health or any individual in a role that supports the goals of professional counseling)  SDCA New Professional Member (new professional in the field one year or less)  SDCA Student or Retired Membership Student Retired  Step 2: Areas of Specialty (may join more than one area of specialty)  SD Mental Health Counseling Association (SDMHCA) \$10  SD Native American Counseling Association (SDNACA) \$10  SD School Counselor Association (SDSCA) \$10  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5  Interlakes Chapter (Brookings Area) \$5  Lewis & Clark Chapter (Vermillion / Yankton Area) \$5  North Central Chapter (Aberdeen Area) \$5  North Central Chapter (Aberdeen Area) \$5  Sioux Chapter (Sioux Empire Area) \$5  Sioux Chapter (Gioux Empire Area) \$5  Step 1: Association Membership \$5  Step 2: Specialty Area \$5  Step 3: Chapter Affiliate \$5  Optional: Donation to SDCA Graduate Student Endowment Fund \$  TOTAL (enclosed or to be charged) \$   | ence rate        | (required for best conf                      | hershin (regu                               | Counseling Associatio              | Step 1: South Dakota C          | Step 1          |
| Step 2: Areas of Specialty (may join more than one area of specialty)  Student/Retired P  Student   Student/Retired P  Student   Student/Retired P  Student/Retired   P  Step 3: Chapter Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling  First time SDSCA professional member AND graduated in the last 12 months  Please indicate   Institution/University   Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area)   \$5  Interlakes Chapter (Brookings Area)   \$5  Lewis & Clark Chapter (Vermillion / Yankton Area)   \$5  North Central Chapter (Aberdeen Area)   \$5  North Central Chapter (Aberdeen Area)   \$5  Sioux Chapter (Sioux Empire Area)   \$5  Sioux Chapter (Sioux Empire Area)   \$5  Step 4: Total Due  Step 1: Association Membership   \$  Step 2: Specialty Area   \$  Step 3: Chapter Affiliate   \$  Optional: Donation to SDCA Graduate Student Endowment Fund   \$  TOTAL (enclosed or to be charged)   \$  Annual Membership Renewal  |                  | •  | . ` `                                       |                                    |                                 | <u> </u>        |
| Step 2: Areas of Specialty (may join more than one area of specialty)  Student/Retired  SD Mental Health Counseling Association (SDMHCA) SD Native American Counseling Association (SDNACA) SD School Counselor Association (SDSCA) SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling First time SDSCA professional member AND graduated in the last 12 months Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Brookings Area) Lewis & Clark Chapter (Vermillion / Yankton Area) North Central Chapter (Aberdeen Area) Palace/Pheasant Chapter (Huron / Mitchell Area) Sioux Chapter (Sioux Empire Area) West River Chapter (Western SD)  Step 4: Total Due  Step 1: Association Membership Step 2: Specialty Area Step 3: Chapter Affiliate Optional: Donation to SDCA Graduate Student Endowment Fund TOTAL (enclosed or to be charged)  Annual Membership Renewal   | \$80             | practicing counselor; ofessional counseling) | or educator, practic<br>goals of profession | r any individual in a role that su | school/mental health o          |                 |
| Step 2: Areas of Specialty (may join more than one area of specialty)  Student/Retired  SD Mental Health Counseling Association (SDMHCA) SD Native American Counseling Association (SDNACA) SD School Counselor Association (SDSCA) SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling First time SDSCA professional member AND graduated in the last 12 months Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Brookings Area) Lewis & Clark Chapter (Vermillion / Yankton Area) North Central Chapter (Aberdeen Area) Palace/Pheasant Chapter (Huron / Mitchell Area) Sioux Chapter (Sioux Empire Area) West River Chapter (Western SD)  Step 4: Total Due  Step 1: Association Membership Step 2: Specialty Area Step 3: Chapter Affiliate Optional: Donation to SDCA Graduate Student Endowment Fund TOTAL (enclosed or to be charged)  Annual Membership Renewal   | \$45             |  | a field one was a                           | ocional Mombor (                   | SDCA Now Brofor                 |                 |
| Step 2: Areas of Specialty (may join more than one area of specialty)  Student/Retired P  SD Mental Health Counseling Association (SDMHCA) \$10  SD Native American Counseling Association (SDNACA) \$10  SD School Counselor Association (SDSCA) \$10  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5  Interlakes Chapter (Brookings Area) \$5  Lewis & Clark Chapter (Vermillion / Yankton Area) \$5  North Central Chapter (Aberdeen Area) \$5  Palace/Pheasant Chapter (Huron / Mitchell Area) \$5  Sioux Chapter (Sioux Empire Area) \$5  West River Chapter (Western SD) \$5  Step 4: Total Due  Step 1: Association Membership \$1  Step 2: Specialty Area \$1  Step 3: Chapter Affiliate \$1  Optional: Donation to SDCA Graduate Student Endowment Fund \$1  TOTAL (enclosed or to be charged) \$1  Annual Membership Renewal  |                  | year or less)                                | ne field one year o                         | SSIONAL MEMBER (new profes         | SDCA New Profes                 |                 |
| SD Mental Health Counseling Association (SDMHCA) \$10 SD Native American Counseling Association (SDNACA) \$10 SD School Counselor Association (SDSCA) \$10 SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseline First time SDSCA professional member AND graduated in the last 12 months Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5 Interlakes Chapter (Brookings Area) \$5 North Central Chapter (Vermillion / Yankton Area) \$5 North Central Chapter (Aberdeen Area) \$5 North Central Chapter (Huron / Mitchell Area) \$5 Sioux Chapter (Sioux Empire Area) \$5 Sioux Chapter (Sioux Empire Area) \$5 Step 4: Total Due  Step 1: Association Membership \$5 Step 2: Specialty Area \$5 Step 3: Chapter Affiliate \$5 Optional: Donation to SDCA Graduate Student Endowment Fund \$7 TOTAL (enclosed or to be charged) \$5 Annual Membership Renewal  | \$30             | tired  | □ Retired                                   | Retired Membership                 | SDCA Student or                 |                 |
| SD Mental Health Counseling Association (SDMHCA) \$10 SD Native American Counseling Association (SDNACA) \$10 SD School Counselor Association (SDSCA) \$10 SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseline First time SDSCA professional member AND graduated in the last 12 months Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5 Interlakes Chapter (Brookings Area) \$5 North Central Chapter (Vermillion / Yankton Area) \$5 North Central Chapter (Aberdeen Area) \$5 North Central Chapter (Huron / Mitchell Area) \$5 Sioux Chapter (Sioux Empire Area) \$5 Sioux Chapter (Sioux Empire Area) \$5 Step 4: Total Due  Step 1: Association Membership \$5 Step 2: Specialty Area \$5 Step 3: Chapter Affiliate \$5 Optional: Donation to SDCA Graduate Student Endowment Fund \$7 TOTAL (enclosed or to be charged) \$5 Annual Membership Renewal  |                  |  | of one                                      | lt/magiaim.mag.na.th               | Otan O: Avana of Canada         | Ctor O          |
| SD Mental Health Counseling Association (SDMHCA) \$10  SD Native American Counseling Association (SDNACA) \$10  SD School Counselor Association (SDSCA) \$10  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling.  First time SDSCA professional member AND graduated in the last 12 months.  Please indicate Institution/University Month/Year graduated.  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) \$5  Interlakes Chapter (Brookings Area) \$5  Lewis & Clark Chapter (Vermillion / Yankton Area) \$5  North Central Chapter (Aberdeen Area) \$5  Palace/Pheasant Chapter (Huron / Mitchell Area) \$5  Sioux Chapter (Sioux Empire Area) \$5  West River Chapter (Western SD) \$5  Step 4: Total Due  Step 1: Association Membership \$5  Step 2: Specialty Area \$5  Step 3: Chapter Affiliate \$5  Optional: Donation to SDCA Graduate Student Endowment Fund \$7  TOTAL (enclosed or to be charged)  Annual Membership Renewal  | Profossions      | •      | •   | iity (may join more th             | <u>step z</u> . Areas or Specia | <u>Step 2</u> . |
| SD Native American Counseling Association (SDNACA)  SD School Counselor Association (SDSCA)  SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling  First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area)  Interlakes Chapter (Brookings Area)  Lewis & Clark Chapter (Vermillion / Yankton Area)  North Central Chapter (Aberdeen Area)  Palace/Pheasant Chapter (Huron / Mitchell Area)  Sioux Chapter (Sioux Empire Area)  West River Chapter (Western SD)  Step 1: Association Membership  Step 2: Specialty Area  Step 3: Chapter Affiliate  Optional: Donation to SDCA Graduate Student Endowment Fund  TOTAL (enclosed or to be charged)  Annual Membership Renewal   | Professional     | Student/Retired                              |   |                                    |                                 |                 |
| SD School Counselor Association (SDSCA) SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counselin  First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University Month/Year graduated  Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Brookings Area) Lewis & Clark Chapter (Vermillion / Yankton Area) North Central Chapter (Aberdeen Area) Palace/Pheasant Chapter (Huron / Mitchell Area) Sioux Chapter (Sioux Empire Area) West River Chapter (Western SD)  Step 4: Total Due  Step 1: Association Membership Step 2: Specialty Area Step 3: Chapter Affiliate  Optional: Donation to SDCA Graduate Student Endowment Fund TOTAL (enclosed or to be charged)  Annual Membership Renewal   | \$30             | \$10   |   | ounseling Association (S           | SD Mental Health C              |                 |
| SDSCA Affiliate or Allied Member (à Business or Individual who is not a counselor but support school counselin First time SDSCA professional member AND graduated in the last 12 months  Please indicate Institution/University  | \$20             | \$10   | (A)   | Counseling Association             | SD Native American              |                 |
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| Step 3: Chapter Affiliate (may join more than one chapter)  Central Chapter (Central SD / Pierre Area) Interlakes Chapter (Brookings Area) Lewis & Clark Chapter (Vermillion / Yankton Area) North Central Chapter (Aberdeen Area) Palace/Pheasant Chapter (Huron / Mitchell Area) Sioux Chapter (Sioux Empire Area) West River Chapter (Western SD)  Step 4: Total Due  Step 1: Association Membership Step 2: Specialty Area Step 3: Chapter Affiliate Optional: Donation to SDCA Graduate Student Endowment Fund TOTAL (enclosed or to be charged)  Annual Membership Renewal   | ng) \$45<br>\$15 |  |   |                                    |                                 |                 |
| Interlakes Chapter (Brookings Area) \$5  Lewis & Clark Chapter (Vermillion / Yankton Area) \$5  North Central Chapter (Aberdeen Area) \$5  Palace/Pheasant Chapter (Huron / Mitchell Area) \$5  Sioux Chapter (Sioux Empire Area) \$5  West River Chapter (Western SD) \$5  Step 4: Total Due  Step 1: Association Membership \$  Step 2: Specialty Area \$  Step 3: Chapter Affiliate \$  Optional: Donation to SDCA Graduate Student Endowment Fund \$  TOTAL (enclosed or to be charged) \$   | ofessional       |  | . ,   | ` , , ,                            | ·                               |                 |
| Lewis & Clark Chapter (Vermillion / Yankton Area)  North Central Chapter (Aberdeen Area)  Palace/Pheasant Chapter (Huron / Mitchell Area)  Sioux Chapter (Sioux Empire Area)  West River Chapter (Western SD)  Step 4: Total Due  Step 1: Association Membership  Step 2: Specialty Area  Step 3: Chapter Affiliate  Optional: Donation to SDCA Graduate Student Endowment Fund  TOTAL (enclosed or to be charged)  Annual Membership Renewal  | \$5<br>\$5       | •  |   |                                    |                                 |                 |
| North Central Chapter (Aberdeen Area) \$5 Palace/Pheasant Chapter (Huron / Mitchell Area) \$5 Sioux Chapter (Sioux Empire Area) \$5 West River Chapter (Western SD) \$5  Step 4: Total Due  Step 1: Association Membership \$ Step 2: Specialty Area \$ Step 3: Chapter Affiliate \$ Optional: Donation to SDCA Graduate Student Endowment Fund \$ TOTAL (enclosed or to be charged) \$  | \$10             |  |   |                                    |                                 |                 |
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| Step 4: Total Due  Step 1: Association Membership Step 2: Specialty Area Step 3: Chapter Affiliate Optional: Donation to SDCA Graduate Student Endowment Fund TOTAL (enclosed or to be charged)  Annual Membership Renewal   | \$10             | •  |   |                                    |                                 | —               |
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| Step 2: Specialty Area Step 3: Chapter Affiliate  Optional: Donation to SDCA Graduate Student Endowment Fund  TOTAL (enclosed or to be charged)  Annual Membership Renewal   |                  | <b>\$</b>                                    | nhershin \$                                 | Stan 1: Associa                    | <u> Jiep 4</u> . Total Duc      | <u>осер +</u> . |
| Optional: Donation to SDCA Graduate Student Endowment Fund \$ TOTAL (enclosed or to be charged) \$  Annual Membership Renewal  |                  |  | •   |                                    |                                 |                 |
| TOTAL (enclosed or to be charged) \$  Annual Membership Renewal  |                  | \$   | r Affiliate \$                              | •                                  |                                 |                 |
| Annual Membership Renewal  |                  |  | •   |                                    | <b>Optional:</b> Donation to S  | Opti            |
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|  |                  |  | enewal                                      | Annual Memb                        |                                 |                 |
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| Name on Card   |                  | ıcıosea                                      | neck Enclose                                |                                    |                                 |                 |
| Type<br>CV Exp.Date Mail application with form of payment t  | to:              | ion with form of payme                       | application wi                              | D.Date                             | Fxr                             | CV              |
| Card # South Dakota Counseling Assoc   |                  | • •  |   |                                    |                                 |                 |
| I authorize SDCA to make above charges to my credit card PO Box 38   |                  | PO Box 38                                    |   | charges to my credit card          | I authorize SDCA to make above  | I authorize     |
| Platte SD 57369  Cardholder Signature OR sdca.counseling@gmail.co  | om               |  |   | patura                             | Cordholder Circ                 |                 |