



South Dakota Counseling Association Membership Application

Please type/print the information below

Name _____
FIRST LAST

Mailing Address _____

City _____ State _____ Zip _____

Preferred Telephone _____ Office Home Cell

Preferred Email* _____

If you are **RETIRING** this year, please provide a personal email address:

Why did you first become a member of SDCA? colleague referred website postcard/ mailing professor employment requirement

Step 1: South Dakota Counseling Association Membership (required for best conference rate)

_____	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)	\$80
_____	SDCA New Professional Member (new professional in the field one year or less)	\$45
_____	SDCA Student or Retired Membership <input type="checkbox"/> Student <input type="checkbox"/> Retired	\$30

Step 2: Areas of Specialty (may join more than one area of specialty)

	Student/Retired	Professional

_____	\$10	\$30
_____	\$10	\$20
_____	\$10	\$30
_____	SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling) \$45	
_____	First time SDSCA professional member AND graduated in the last 12 months \$15	
_____	Please indicate Institution/University _____ Month/Year graduated _____	

Step 3: Chapter Affiliate (may join more than one chapter)

	Student/Retired	Professional
_____	\$5	\$5
_____	\$5	\$5
_____	\$5	\$10
_____	\$5	\$10
_____	\$5	\$10
_____	\$5	\$10
_____	\$5	\$10

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

Name on Card _____
 Type _____
 CV Code _____ Exp.Date _____
 Card # _____
 I authorize SDCA to make above charges to my credit card

Check Enclosed

Mail application with form of payment to:

South Dakota Counseling Association
 PO Box 38
 Platte SD 57369

OR sdca.counseling@gmail.com

_____ Cardholder Signature