



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)

<input type="checkbox"/>	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
<input type="checkbox"/>	SDCA New Professional Member (new professional in the field one year or less)	\$45
<input type="checkbox"/>	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
<input type="checkbox"/> SD Mental Health Counseling Association (SDMHCA)	\$10	\$30
<input type="checkbox"/> SD Native American Counseling Association (SDNACA)	\$10	\$20
<input type="checkbox"/> SD School Counselor Association (SDSCA)	\$10	\$30
<input type="checkbox"/> SDSCA Affiliate or Allied Member (A Business or Individual who is not a counselor but support school counseling)	\$45	
<input type="checkbox"/> 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
<input type="checkbox"/> Central Chapter (Central SD / Pierre Area)	\$0	\$0
<input type="checkbox"/> Interlakes Chapter (Brookings Area)	\$0	\$0
<input type="checkbox"/> Lewis & Clark Chapter (Vermillion / Yankton Area)	\$0	\$0
<input type="checkbox"/> North Central Chapter (Aberdeen Area)	\$0	\$0
<input type="checkbox"/> Palace/Pheasant Chapter (Huron / Mitchell Area)	\$0	\$0
<input type="checkbox"/> Sioux Chapter (Sioux Empire Area)	\$0	\$0
<input type="checkbox"/> West River Chapter (Western SD)	\$0	\$0

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

_____ Cardholder Signature

Check Enclosed

Mail application with form of payment to:

South Dakota Counseling Association
 PO Box 38
 Platte SD 57369

OR sdca.counseling@gmail.com