South Dakota Counseling Association

Membership Application
& Annual Membership Renewal

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:

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 ☐ Student ☐ Retired	$30

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

		Student/Retired	Professional
____	SD Mental Health Counseling Association (SDMHCA)	$10	$30
____	SD Native American Counseling Association (SDNACA)	$10	$20

Step 3: Total Due

Step 1: Association Membership	$	_____
Step 2: Specialty Area	$	_____
optional: Donation to SDCA Graduate Student Endowment Fund	$	_____
TOTAL (enclosed or to be charged)	$	_____

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