

**NORTH DAKOTA COUNSELING ASSOCIATION**  
**Membership Application**  
**July 1, 2017 – December 31, 2017 (6 month membership)**

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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**Enclosed is a check in the amount of \$\_\_\_\_\_ to cover the cost of my membership in the North Dakota Counseling Association (NDCA) and selected affiliate division (s). (Check the divisions)**

\_\_\_\_\_ **Regular Member \$10.00**    \_\_\_\_\_ **Retired Member \$5.00**    \_\_\_\_\_ **Student Member \$5.00**

I would like to join the following **division (s): Must be a member of NDCA to join a division.**

\_\_\_ NDSCA (North Dakota School Counselor's Association)  
\$20.00 Regular                      \$5.00 Student

\_\_\_ NDCDA (North Dakota Career Development Association)  
\$5.00

\_\_\_ NDMHCA (North Dakota Mental Health Counselor's Association)  
\$15.00 Regular    \$5.00 Student    \$5.00 Retired

\_\_\_ NDACES (North Dakota Association of Counselor Educator Supervisors)  
\$5.00 - - Charter Members (must have joined by 9-1-08)  
\$10.00 - - Regular or New Members  
\$ 5.00 - - Student Members

Graduate Students, What is your advisor's name? \_\_\_\_\_

Return to: Marcia J. Foss, Executive Director, 4680 8<sup>th</sup> Ave. South, Fargo, ND 58103

**PERMISSION AND OPT OUT OPTIONS:**

\_\_\_ I give my consent to having my contact information shared as appropriate and approved per the NDCA Membership Disclosure Policy.

Or

\_\_\_ I choose not to have my membership contact information shared outside of NDCA and its Divisions.

"INSPIRING EXCELLENCE IN COUNSELING"