

NORTH DAKOTA COUNSELING ASSOCIATION
Membership Application
July 1, 2018 – December 31, 2018 (6 month membership)

Name: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

___ NDECA (North Dakota Employment Counselor's Association)
\$5.00

___ 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 8th 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"