

Six Month Membership Application
 July 1, 2020 – December 31, 2020

Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

 How many years have you been with NDCA? New Member ____ year(s)

Step 1: North Dakota Counseling Association Membership (required for best conference rate and to register for specialty areas)

	NDCA Regular Membership	\$10
	NDCA Retired Membership	\$5
	NDCA Student Membership Please indicate: College/University and Advisor _____ Month/Year of Anticipated Graduation _____	\$5

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

	Student/ Retired	Charter Member (joined before 09/01/08)	Regular
ND Association for Counselor Educators & Supervisors (NDACES)	\$5	\$5	\$10
ND School Counselor Association (NDSCA)	\$5	-	\$20
ND Mental Health Counseling Association (NDMHCA)	\$5	-	\$15
ND Career Development Association (NDCDA) (Valid through 06/30/2021)	\$5	-	\$10

Step 3: Total Due

Step 1: Association Membership	\$	
Step 2: Specialty Area	\$	
TOTAL		\$

 I give my consent to having my contact information shared as appropriate and approved per the NDCA Membership Disclosure Policy. YES NO

 Mail application with form of payment to: North Dakota Counseling Association, 418 N. Hannifin Street, Bismarck, ND 58501 OR register at ndcounseling.org → Membership