

Membership Application  
 January 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)

	<b>NDCA Regular Membership</b>	\$20
	<b>NDCA Retired Membership</b>	\$10
	<b>NDCA Student Membership</b> Please indicate: College/University and Advisor _____ Month/Year of Anticipated Graduation _____	\$10

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

		Student/ Retired	Charter Member (joined before 09/01/08)	Regular
	<b>ND Association for Counselor Educators &amp; Supervisors (NDACES)</b>	\$5	\$10	\$20
	<b>ND School Counselor Association (NDSCA)</b>	\$10	-	\$40
	<b>ND Mental Health Counseling Association (NDMHCA)</b>	\$10	-	\$30
	<b>ND Career Development Association (NDCDA) (Valid through 06/30/2020)</b>	\$5	-	\$5

**Step 3:** Total Due

<b>Step 1: Association Membership</b>	\$	
<b>Step 2: Specialty Area</b>	\$	
<b>TOTAL</b>		\$

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, 402 E. Brandon Drive, Bismarck, ND 58503 OR register at [ndcounseling.org](http://ndcounseling.org)