



Membership Application Form

Date: _____

Please mail checks payable to (no purchase orders accepted):

Minnesota School Counselors Association

1611 County Rd B West, Ste 315 St. Paul, MN 55113 (p) 612-428-3203 • (f) 651.917.1835

- Renewal, New Member, Type Membership & Payment (Professional, Graduate Student, Retiree), Preferred Mailing (Home, Work)

*Graduate Students may use the reduced rate for 3 years. After 3 years, the Professional membership must be used. **Retired members must submit a request for membership yearly.

Last Name, First Name, Middle Initial

HOME ADDRESS INFORMATION

Street address, City, State, ZIP Code

Email address, Primary phone number

SCHOOL ADDRESS INFORMATION

School Name

Street address, City, State, ZIP Code

Email address, Primary phone number

Pronouns:

- She/Her/Hers, He/Him/His, They/Them/Theirs, Ze/Zir/Zirs, Ze/Hir/Hirs, Other/prefer to self-describe, Prefer not to say

Grade Levels You Serve:

- Elementary, Middle School/Jr High, High School, K-8; Elem & MS/JrH, 6-12; MS/JrH & HS, K-12, Post-Secondary, Retired, Graduate Student, Other

Your Division:

- East Suburban, Central, Lake Area, Minneapolis, Northeast, Northwest, Southeast, Southwest, St. Paul, West Central

How would you describe yourself?

- Asian or Pacific Islander, Black or African American, Hispanic or Latino/Latinx, Native American or Alaskan Native, White, Multiracial or Biracial, Other/prefer to self-describe, Prefer not to say

Gender identity:

- Female, Male, Transgender Woman / Trans Feminine, Transgender Man / Trans Masculine, Non-Binary / Genderqueer / Gender Fluid, Two Spirit, Other/prefer to self-describe, Prefer not to say

