

Date: _____



MINNESOTA
SCHOOL
COUNSELORS
ASSOCIATION

Membership Application Form

Please make checks payable to
Minnesota School Counselors Association

1611 County Rd B West, Ste 315, St. Paul, MN 55113

- Renewal
 New Member

Type Membership & Payment

- Professional (\$60)
 Graduate Student (\$25)*
 Retiree (Free) **

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:

Gender identity:

- Female
 Male
 Transgender Woman / Trans Feminine
 Transgender Man / Trans Masculine
 Non-Binary / Genderqueer / Gender Fluid
 Two Spirit
 Other/prefer to self-describe:

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

Prefer not to say



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