

LANCASTER COUNTY SCHOOL COUNSELOR'S ASSOCIATION
Membership Registration Form

Name _____ **E-mail** _____

School District or Workplace Address (Grad. Students, please indicate your college)

Assignment Level: (Please circle one)

Post-High School Senior H.S. Junior H.S./Middle School

Elementary CTC Agency Other (Please explain)

Status:

_____ Active Member (Current school/agency employee) - \$10.00 dues

_____ Associate Member (Retired School Counselor, Graduate Student) - \$5.00

Please make checks payable to LCSCA, and return with this form. Forms and dues may be returned in person at any LCSCA meeting, or mail directly to:

Lori Casanova
367 Hawthorne Drive
Denver, PA 17517

Thank you...

- *Please list suggestions for local meeting topics/possible presenters based on current issues related to school counseling that may be of interest to you (please include name and number or email to contact possible presenters) :*
- *Do you have any suggestions or connections for locations that might host a County Counselor meeting, or for a company or someone who may be willing to sponsor one of our meetings?*