



ESSEX COUNTY SCHOOL COUNSELOR ASSOCIATION

MEMBERSHIP REGISTRATION 2023-2024

Please neatly print (or type) all information

PERSONAL INFORMATION

Last, First Name _____

Home Address _____

Phone Number (c) _____ (h) _____

Email _____

SCHOOL INFORMATION

School Name _____

School Address _____

School Phone Number/Extension _____

Email _____

COUNSELOR INFORMATION (please select one)

_____ Current School Counselor - \$25

_____ School Counselor Intern - \$15

_____ Retiree - \$25

_____ Other - \$25

DUES _____ I have enclosed a nonrefundable check/money order/cash/Zelle confirmation in the amount checked above. For Zelle payments, please use ECSCA's email address: **essexcountysca@gmail.com**

How to submit:

Bring a check or cash in person to a general meeting – additional copies of this application will also be available to complete at that time.

Please do not write below this line. For Office Use.

PAYMENT INFORMATION

AMOUNT: _____ \$25 (current counselor) _____ \$15 (intern) _____ \$25 (retiree) _____ \$25 (other)

Check/Money Order #: _____ Zelle: _____ Cash: _____

RECEIVED BY: _____

<https://www.essexcountysca.com/>