



WCA MEMBERSHIP APPLICATION

Name: _____ Date: _____

Address, City/State/Zip: _____

Phone (Home): _____ Preferred Email: _____

Highest Degree(s) Earned: _____

Professional Certifications/Licensures/Endorsements: _____

Present Professional Position: _____

Employer: _____ Work Phone: _____

Are you a member of the **American Counseling Association**? Yes _____ No _____

Please circle which Committee(s) you would be interested in volunteering for:

Awards

Lobbying

Nominations

Fall Conference

Membership

Membership Classification: Please Circle Classification and whether New or Renewal:

WCA Active Member New Renewal \$50.00

WCA Student Member New Renewal \$25.00

WySCA Member New Renewal \$20.00

WySCA Student Member New Renewal \$10.00

Payment Information:

Check # _____ (Payable to Wyoming Counseling Association)

Purchase Order # _____

Vendor Name: _____

Send Payment & Membership Application to:

Julie Laib, Treasurer
Wyoming Counseling Association
2236 Steadman Street
Cody, WY 82414