

CAPITAL DISTRICT COUNSELING ASSOCIATION

2011-2012 MEMBERSHIP APPLICATION

(PLEASE NOTE: You can complete an *on-line form and pay with PayPal at www.cdca.org/membership*)

Select one: New Member Renewal Today's date _____

Name _____

Job Title _____

Place of Employment _____

Please indicate where you would like mailings sent:

Work Address (send mailings here)

Home Address (send mailings here)

City State Zip code

City State Zip code

Phone _____

Phone _____

Email _____

Email _____

Please indicate your worksite(s):

- College Admissions College Counseling or Career Center Counselor Educator
 Elementary School Middle School High School
 District-Wide Community Agency Graduate Student
 Retiree Other: _____

Please indicate committee(s) you would like to join:

- Administrative Assistant Luncheon Archives College Fair
 College Caravan College Bus Trip Elementary Counselors
 Middle School Counselors High School Counselors Legislative
 Newsletter Retirees Scholarships
 Sunshine Website

Membership Dues (Please note: membership year is July 1 – June 30)

Regular Member (One Year) \$20 _____

Retired Member \$10 _____

Student Member \$10 _____

Emeritus Member _____

Mail to: **CDCA Membership
PO Box 13174
Albany, NY 12212**

Make checks payable to **CDCA**