



CAPE & ISLANDS
SCHOOL COUNSELOR ASSOCIATION
WWW.THECISCA.ORG

Presidents Sarah Stewart, Nauset Regional High School & Shawn Kingman, Barnstable High School
Secretary Katie Cameron, Nauset Regional High School

MEMBERSHIP APPLICATION 2017-18

Name _____
Title _____
School _____
Address _____

Work Phone _____ Fax Number _____
Home Phone _____ E-mail _____

Please check the type of membership for which you are applying:

- _____ **Professional Membership**—licensed guidance, college, and independent counselors and official admissions representatives from public and private secondary and post-secondary schools, colleges and universities, employed in a full-time or part-time capacity (\$25.00)
- _____ **Associate Membership**—licensed counselors who are not currently employed in the field, school/guidance counselor interns who are enrolled in a degree program leading towards licensure in school guidance and counseling (\$20.00)
- _____ **Honorary Life Membership**—retired CISCA members (no fee)

New members: please indicate who has referred you to CISCA: _____

Interns: please give the name of your current supervisor: _____

Returning members: please check here if you do not have a CISCA nametag _____

Please mail completed forms and checks made payable to Cape & Islands School Counselor Association or CISCA to:

Cape & Islands School Counselor Association
Attn: Membership
PO Box 175
West Barnstable, MA 02668