

# American Association of State Counseling Boards State Board Membership Form



Name \_\_\_\_\_

State Board \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

AASCB membership fees are **\$900** and cover dues for the period of July 1 – June 30 annually. Members are invoiced annually for renewal. Membership benefits include a subscription to the organization's newsletter, *The Liaison*, copies of other AASCB publications, invitations to AASCB programs and meetings, and a vote at the Annual Business Meeting.

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

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### Payment (select one):

- Check (**Please make all checks payable to: AASCB**)
- Purchase Order (Submit a copy of the PO with this application) FEI: 58-1938521
- Credit Card (MasterCard or Visa Only)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three-Digit Code on back of the card \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_ Signature \_\_\_\_\_

**Questions:** Contact AASCB at 336.554.8650  
**Remit to: AASCB, 7A Terrace Way, Greensboro, NC 27403**