

**American Association of State Counseling Boards
Organizational Affiliate Membership Form**



Name _____

Organization _____

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. Additional members from the same organization can join for an additional cost of \$25 each.

Explanation of affiliate’s interest and/or ties to the counseling profession.

Organizational Affiliate Membership: \$900 annually; additional members may join at a cost of \$25 each. Please include the additional members using page 2.

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 card _____

Name on Card (Print): _____ Signature _____

Questions: Contact AASCB at 336.554.8650
Remit to: AASCB, 7A Terrace Way, Greensboro, NC 27403
Fax: 336.554.8651 (include a copy of purchase order when registering via fax or mail)

Additional Members (add \$25 for each additional member)

Name _____ E-Mail _____

Institution _____ Telephone (____) _____

Address _____

City _____ State _____ Postal Code _____

Name _____ E-Mail _____

Institution _____ Telephone (____) _____

Address _____

City _____ State _____ Postal Code _____

Name _____ E-Mail _____

Institution _____ Telephone (____) _____

Address _____

City _____ State _____ Postal Code _____

Name _____ E-Mail _____

Institution _____ Telephone (____) _____

Address _____

City _____ State _____ Postal Code _____