

**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 **\$1000** 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 _____

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 859-269-1802
**Remit to: AASCB, 108 Wind Haven Drive,
Suite A, Nicholasville, KY 40356**