

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



Name \_\_\_\_\_

Organization \_\_\_\_\_

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.

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

\_\_\_\_\_

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**Organizational Affiliate Membership:** \$1000 annually.

**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 859-269-1802

**Remit to: AASCB, 108 Wind Haven Drive, Suite A, Nicholasville, KY 40356**

(include a copy of purchase order when registering via mail)