



ISCA Membership Application

Name: _____

Workplace: _____

Grade Level Counselor: _____

Home Address: _____

Work Address: _____

City State Zip

City State Zip

Home Phone: _____

Work Phone: _____

E-Mail: _____

Fax: _____

Membership:

\$30 _____ *Professional Membership Practicing Professional, Retired, Affiliate*

\$20 _____ *Graduate Student Membership*

If you are a student, please let us know what program you are in and have a supervising professor sign your application.

Institution

Professor's Signature

Return to: Linda Widmer, ISCA Membership Chair
1771 Stadium Blvd
Twin Falls ID 83301
widmerli@tfsd.k12.id.us
208.308.1458 (c)