



Westmoreland School Counselors Association

Membership Application

Name _____

Date _____

Type of Membership/Dues:

____ Professional Membership (\$25)

____ Associate Membership (\$25)

____ Retired Membership (\$25 - one time fee, lifetime membership)

____ Student Member (\$10)

(Dues are to be paid by the Fall meeting, Make check payable to WSCA)

(If you are replacing an associate member, your name must be submitted for membership at a meeting. Membership cannot be shared)

Directory Information:

No Change __ Change __

District/Employer: _____

Dist./Empl. Address: _____

Building: _____ Position: _____

School Phone: _____ Email: _____

Home Address: _____

Home Phone: _____ Home Email: _____

Please Send all Applications and Dues Payments to: Jenna St. Mars, Corresponding Secretary

Make Checks Payable to: WSCA

School Address: Rostraver Elementary School

Att: Jenna St. Mars

300 Crest Ave.

Belle Vernon, PA 15012

(If you have any questions, Please Email: Jenna.Stmars@bellevernonarea.net)