



www.nhschoolcounselor.org

Dear Colleague,

The New Hampshire School Counselor Association (NHSCA) is inviting you to become a member!

What exactly is NHSCA?

The New Hampshire School Counselor Association is a division of the American School Counselor Association and represents professional school counselors at every academic level (K-12). NHSCA vigorously advocates for New Hampshire's professional school counselors and their programs, offers meaningful professional growth and development opportunities, and provides energetic, resourceful, dedicated leadership in developing services and programs for its members. NHSCA is ultimately dedicated to fostering the best in school counseling programs for the benefit of all NH students.

Why become a NHSCA member?

Being a NHSCA member allows you to make connections with, and be supported by, other school counselors. In addition, NHSCA provides many professional development opportunities and advocates on behalf of school counselors at the local, state, and national level. Other benefits of membership include free regional meetings around the state, discounted registration at NHSCA's annual conference, a quarterly newsletter, an interactive Member Forum through the website, and an online school counselor directory.

How much does it cost?

A NHSCA membership costs just \$50 for professionals and only \$20 for students and retirees. The yearly membership runs from July through June.

How do I join?

On the next page is an application form. Send the completed/corrected form, with a check payable to "NHSCA" to:

NHSCA
c/o Sharon Nix
9 Coventry Lane
Belmont, NH 03220

NH School Counselor Association Membership Application

Name: _____

Job Title: _____

Place of Work: _____

Work Address: _____

Work Phone: _____ Work Fax: _____

Home Address: _____

Preferred Email Address: _____

****For practicing school counselors, the following questions are for data collection and advocacy purposes:***

I have been a Professional School Counselor for _____ year(s).

My school includes GRADES _____ through _____

The estimated total # of STUDENTS in my school is _____

The # of FULL-TIME Certified Professional School Counselors in my school is _____
...and their name(s) is/are:

The # of PART-TIME Certified Professional School Counselors in my school is _____
...and their name(s) is/are:

Areas I would like professional development are: _____

***For current school counseling graduate students:**

I am currently taking courses through: _____

My anticipated graduation date is: _____

Signature: _____ Date: _____