

MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORY:

(SELECT ONE)

- NCDCA Regular Member** \$95 annually
- NCDCA Student Member** \$40 annually
(must be enrolled in an undergraduate or graduate program)
- NCDCA New Professional** \$40 annually
(must be in the first year of employment after graduation or must be joining for the first time, eligible for one year only)
- NCDCA Retired Member** \$60 annually
(must have held regular or professional membership for a minimum of 10 years before becoming eligible)

NCDCA also offers organizational membership. Contact nscrimsher@ncda.org or see www.ncda.org/membership for the organizational membership form.

ETHICS ACKNOWLEDGEMENT

I agree to maintain my membership and comply with the NCDCA and ACA Code of Ethics. I also understand NCDCA's Privacy Statement. (both documents are listed at www.ncda.org)

_____ (Provide Initials)

MEMBER SURVEY

WORK SETTING

(Please check the constituency that best describes your work setting)

- K-12 Schools
- Higher Education Career Services
- Counselor Education and Researcher
- Business and Industry
- Agencies (Government and other)
- Private Practice
- Other

EDUCATION

(Please check highest degree earned)

- Associate/Certificate
- Bachelor's
- Master's
- Doctorate
- Education Specialist

ETHNICITY

(Optional)

- African American
- Asian
- Hispanic
- Native American
- White
- Other

AGE

(Optional)

- 20s
- 30s
- 40s
- 50s
- 60s
- 70+

GENDER

(Optional)

- Male
- Female
- Nonbinary

NAME: _____

TITLE: _____

E-MAIL: _____

CELL PHONE: _____

WORK INFORMATION

Check if WORK is your preferred mailing address

ORGANIZATION: _____

WORK ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTRY: _____

WORK PHONE: _____

HOME INFORMATION

Check if HOME is your preferred mailing address

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTRY: _____

HOME PHONE: _____

PAYMENT

\$ _____ Enter Membership Dues

OPTIONAL ANNUAL SERVICES (Check all that apply)

- CDQ Print Copy \$15** Check this box if you would prefer a mailed copy. Members are provided an electronic copy of the Career Development Quarterly Journal as a free member benefit.
- Instructor Registry Renewal \$50** For instructors of NCDCA's training programs including FCD, SCDA, and CPS; new instructors must contact mpowell@ncda.org for an application form or receive from their Master Trainer.

Total Payment: \$ _____

Preferred method of payment is credit card, go to www.ncda.org, pay online today or complete information below. Checks may be mailed with form to: NCDCA, 305 N Beech Circle, Broken Arrow, OK 74012. PO Payments need hard copy of PO sent to address or email nscrimsher@ncda.org.

Questions? info@ncda.org or 918-663-7060. Membership is for a full year from application date; allow 7-10 days for processing.

CREDIT CARD #: _____

EXP DATE: _____ SECURITY CODE: _____

NAME ON CARD (PRINT): _____

SIGNATURE: _____

CC BILLING ADDRESS: _____