

MEMBERSHIP CATEGORY:

(SELECT ONE)

- ☐ NCDA Regular Member \$95 annually
- ☐ NCDA Student Member \$40 annually (must be enrolled in an undergraduate or graduate program)
- ☐ NCDA 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)
- ☐ NCDA Retired Member \$60 annually (must have held regular or professional membership for a minimum of 10 years before becoming eligible)

NCDA 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 NCDA and ACA Code of Ethics. I also understand NCDA'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. (Required)

- ☐ K-12
- ☐ Higher Education Career Services
- ☐ Counselor Education/Researcher
- ☐ Other
- ☐ Business and Industry
- ☐ Agencies (Government/Workforce Development)

DEGREE TYPE

(Please check)

Counseling

GENDER

(Optional) Man

☐ Nonbinary/

☐ Woman

(Optional)

AGE

Gender Queer/

Gender Non-

□ 20s □ 40s □ 60s

□ 30s □ 50s □ 70+

conforming

■ Non-Counseling

- ☐ Private Practice
- ☐ Graduate Student

EDUCATION

Please check highest degree earned. (Required)

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

ETHNICITY

(Optional)

- ☐ Asian/Asian American
- ☐ Black/African American ☐ Hispanic/Latino/o/x
- ☐ Middle Eastern/North African
- ☐ Multi-racial ☐ Native American/
- Alaskan Native ■ Native Hawaiian/
- Pacific Islander ☐ White/Caucasian
- ☐ Not Listed

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

MEMBERSHIP APPLICATION

NAME:	
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	\Box Check if HOME is your preferred mailing address
HOME ADDRESS:	
CITY/STATE/ZIP:	
COUNTRY:	
HOME PHONE:	
PAYMENT	
□ \$ Ente	er Membership Dues
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nscrimsher@ncda.org	Payments need hard copy of PO sent to address or email
	SECURITY CODE:
SIGNATURE:	
CC BILLING ADDRESS:	