

**American Association of State Counseling Boards  
Organizational Affiliate Membership Form**



Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

AASCB membership fees are **\$900** and cover dues for the period of July 1 – June 30 annually. Members are invoiced annually for renewal. Membership benefits include a subscription to the organization’s newsletter, *The Liaison*, copies of other AASCB publications, invitations to AASCB programs and meetings, and a vote at the Annual Business Meeting. Additional members from the same organization can join for an additional cost of \$25 each.

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**Explanation of affiliate’s interest and/or ties to the counseling profession.**

\_\_\_\_\_

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**Organizational Affiliate Membership:** \$900 annually; additional members may join at a cost of \$25 each. Please include the additional members using page 2.

**Payment (select one):**

Check (**Please make all checks payable to: AASCB**)

Purchase Order (Submit a copy of the PO with this application) FEI: 58-1938521

Credit Card (MasterCard or Visa Only)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Three digit code on back of card \_\_\_\_\_

Name on Card (Print): \_\_\_\_\_ Signature \_\_\_\_\_

**Questions:** Contact AASCB at 859-269-1802  
**Remit to: AASCB, 108 Wind Haven Drive, Suite A, Nicholasville, KY 40356**  
(include a copy of purchase order when registering via mail)

**Additional Members (add \$25 for each additional member)**

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

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Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

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Institution \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_  
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