

# **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 \$60 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)

(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) **DEGREE TYPE** 

- ☐ 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:	
WORK INFORMATION	☐ Check if WORK is your preferred mailing address
ORGANIZATION:	
WORK ADDRESS:	
HOME INFORMATION	☐ Check if HOME is your preferred mailing address
HOME ADDRESS:	
COUNTRY:	
HOME PHONE:	
PAYMENT	
□ \$ Ente	er Membership Dues
Developments Magazine as print copy at no charge. The annually to cover the postar Check for print copy:  Instructor Registry Renew SCDA, and CPS; new instructor receive from their Master.  Annual Subscription for C \$60/annually member prices.	US no charge
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Total Payment: \$	
information below. Checks ma	is credit card, go to <b>www.ncda.org</b> , pay online today or complete ay be mailed with form to: NCDA, 305 N Beech Circle, D Payments need hard copy of PO sent to address or email
CREDIT CARD #:	
	SECURITY CODE:
NAME ON CARD (PRINT):	
SIGNATURE:	