

Nassau Counselors' Association (NCA)

2024-2025 Membership Application

Annual Membership Classifications and Dues						
Regular	Any person whose professional work responsibilities are in the area of counseling and/or human developme services and either resides or is employed in Nassau County of New York State is eligible.					
Associate	Any person who does not qualify for Regular, but who is professionally associated in the field of counseling is eligible to become an Associate Member.	\$30.00				
Retired	Any person who was a regular member and who retired from a position in the field of counseling and/or human development services is eligible to become a Retired Member.	\$20.00				
Student	Any person not eligible for Regular membership and who is a graduate student preparing for professional work in the field of counseling and/or human development services is eligible to become a student member.	\$20.00				
Lifetime	Any person who received lifetime membership, please make sure to send in your current information yearly.	No Fee				

NCA's Membership Year is July 1 through June 30.

Annual directory listing guaranteed to those who join by October 21, 2024.

Payable to Nassau Counselors' Association Inc at:

Nassau Counselors' Association Executive Office 708 Pease Lane West Islip, NY 11795

Name:		Institution:	
Current Position:			
Work Setting:			
☐ College/University	□ Elementary School	☐ Middle/Junior High School	□ Senior High School
☐ Graduate Student	□ Private/Parochial School	□ Proprietary School	□ Public School
☐ Unemployed	□ Agency/Other:		
Membership Classifica	ation:		
□ Regular □ Associate	□ Life (Year Granted:) □ Retired (Previous Institution	on:)
□ Student (I hereby ce	rtify that this applicant is a ma	atriculated student at:)
(Signature o	of Instructor:)
Due to deliverability issues	s to some schools/institutions, w	e kindly ask for all members to pr	ovide the below contact information:
Cell Phone:	Pers	onal Email:	



Nassau Counselors' Association (NCA)

2024-2025 Membership Application

Preferred Contact:		☐ Business Address	☐ Home Address	□ Both	
Busin	<u>ess</u>				
Address:					
	City: _		State:	Zip:	
Phone:		E	Email:		
<u>Home</u>					
Address:					
	City: _		State:	Zip:	
Phone:		E	Email:		