

# MEMBERSHIP APPLICATION

## 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](mailto:nscrimsher@ncda.org) or see [www.ncda.org/membership](http://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](http://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)
- Private Practice
- Graduate Student

### EDUCATION

Please check highest degree earned. (Required)

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

### DEGREE TYPE

- (Please check)
- Counseling
  - Non-Counseling

### 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

### GENDER

(Optional)

- Man
- Nonbinary/Gender Queer/ Gender Non-conforming
- Woman

### AGE

(Optional)

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

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)

**Career Developments Magazine** All members are provided a digital copy of the *Career Developments Magazine* as a free member benefit. US-based members may elect to receive a print copy at \$25. Those outside of the US may select to receive a print copy for \$75 annually to cover the postage cost.

Check for print copy:  US \$25  Outside US \$75

**Instructor Registry Renewal \$50** For instructors of NCDA's training programs including FCD, SCDA, and CPS; new instructors must contact [mpowell@ncda.org](mailto:mpowell@ncda.org) for an application form or receive from their Master Trainer.

**Annual Subscription for Comprehensive Career Assessment Website Companion: \$60/annually member price.** NCDA now offers a website subscription as a companion to the print book, *A Comprehensive Guide to Career Assessment* (7th ed). This website is a dynamic database of assessment reviews, and adds 14 new chapters to the foundational six chapters that are only in print. This website contains comprehensive information career counselors, educators and practitioners will find invaluable in learning about career assessment and embraces global perspectives of career assessment.

**Total Payment: \$** \_\_\_\_\_

Preferred method of payment is credit card, go to [www.ncda.org](http://www.ncda.org), pay online today or complete information below. Checks may be mailed with form to: NCDA, 2468 W. New Orleans St, Ste. A, Broken Arrow, OK 74012. PO Payments need hard copy of PO sent to address or email [nscrimsher@ncda.org](mailto:nscrimsher@ncda.org).

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

NAME ON CARD (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CC BILLING ADDRESS: \_\_\_\_\_

**QUESTIONS? [info@ncda.org](mailto:info@ncda.org) or 918-663-7060**  
Membership is for a full year from application date;  
allow 7-10 days for processing.