



ESSEX COUNTY SCHOOL COUNSELOR ASSOCIATION

MEMBERSHIP REGISTRATION 2019-2020

Please neatly print all information

PERSONAL INFORMATION

Last, First Name _____

Home Address _____

Phone Number (c) _____ (h) _____

Email _____

SCHOOL INFORMATION

School Name _____

School Address _____

School Phone Number/Extension _____

Email _____

COUNSELOR INFORMATION (please select one)

____ Current School Counselor

____ School Counselor Intern

____ Retiree

____ Other

DUES _____ I have enclosed a nonrefundable check/money order in the amount
of **\$20** for the 2019-2020 school year payable to ECSCA. Interns/Graduate students pay
\$10.

Mail to:

Ms. Nicole Carrano, Guidance Dept.
Technology High School
223 Broadway
Newark, NJ 07104

Please do not write below this line. For Office Use.

PAYMENT INFORMATION

AMOUNT: ____\$20 (current counselor) ____ \$10 (intern) ____ \$20 (retiree)

CHECK #: _____

RECEIVED BY: _____