

2023-2024 Membership Application

Name:	
Street Address:	City:
State: Zip:	Phone:
School Name:	District:
School Address:	Work Phone:
School Email: P	ersonal Email:
MEMBERSHIP INFORMATION: WHY JOIN MCPCA:	
<ul> <li>Reduced fees at MCPCA sponsored workshops</li> <li>Student eligibility for MCPCA scholarships</li> <li>Student eligibility for MCPCA Caring Awards at our Caring Breakfasts</li> <li>Annual awards for counselor/administrator</li> </ul>	
POSITION: (check one) NEW MEMBER RENEWAL	
MEMBERSHIP STATUS: (check one)	
Regular \$20 until 1/31/24 – Counselor, Social Worker, Administrator	
Regular \$30 after 2/1/24 – Counselor, Social Worker, Administrator	
Associate \$10 (Counselor- Out-of-Mercer County), Child Study Team Member	
Lifetime/Past President/Retired Member – NO FEE	
☐ Full time Graduate Student – \$ 20 (same deadlines as above)	
Membership must be renewed annually and dues must be paid with application. Nominations for scholarships, caring breakfast, counselor awards will not be considered if dues have not been paid.	
Please make checks for membershi	p dues PAYABLE TO "MCPCA" and forward to:

Doreen Welsh Attn: MCPCA Membership 558 Fairman Lane Langhorne, PA 19047

Questions may be directed to: Doreen Welsh at dwelsh@ltps.org