



# Virginia Student Councils Association

## 2017-18 Membership Application

4909 Cutshaw Avenue • Richmond, Virginia 23230

Phone: (804) 355-4263 • Fax: (804) 355-4262

[www.scaleader.org](http://www.scaleader.org)

The Virginia Student Councils Association has been an organization for elementary, middle level, and high school student councils for over 100 years and remains the premier leadership learning organization for students leaders from public and private schools throughout the Commonwealth. Through participation students become energized, positive role models who support leadership and student involvement in their schools and communities. VSCA provides leadership learning experiences and opportunities to practice the citizenship skills necessary for effective participation in our democratic society.



Teachers/advisors stay refreshed with new ideas for school and community projects, enjoy collegial support, and take advantage of opportunities to showcase their school's student council statewide. Teacher/advisors from member schools say thier membership provides resources and opportunities for building student leadership capacity in their schools by networking with member schools throughout Virginia.

The VASSP Department of Student Leadership (DSL) administers the VSCA. The VSCA membership year is September 1 - August 31. School membership is renewable each year and also provides the school advisor with complimentary membership in the Virginia Association of Student Activity Advisors. School member discounts apply to the annual convention and all workshops, institutes, conferences, and camps. *We invite you to join the VSCA!*

*Leading  
Tomorrow's Leaders*  
**TODAY**

For more information please call (804) 355-4263.

Be sure to include your school Web address. Thank you.

### School Membership Information

Please type or print clearly.

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

School Division Name: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

### VSCA Advisor:

This is my \_\_\_\_\_ year as an advisor.

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Advisor Name : \_\_\_\_\_  
(if applicable)

2<sup>nd</sup> Advisor Email: \_\_\_\_\_

SCA President \_\_\_\_\_

SCA Vice President \_\_\_\_\_

SCA Secretary \_\_\_\_\_

### Payment Information

Please check (✓)

VSCA Middle or High School..... \$95  
*(VSCA membership does not include your NASC membership.)*

VSCA Elementary School..... \$75

Check enclosed payable to VSCA

Check # \_\_\_\_\_ Check Total \$ \_\_\_\_\_

Purchase Order attached. PO # \_\_\_\_\_

Please mail completed membership form and payment to:  
VSCA  
4909 Cutshaw Avenue  
Richmond, VA 23230