



# Membership Renewal Form

**This form is to be completed by current members and new individuals at member institutions.**

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

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

\_\_\_\_\_

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

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

**3) Current Member** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**1) Current Member** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**4) New Member** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**2) Current Member** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**5) New Member** \_\_\_\_\_

Title: \_\_\_\_\_

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

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

**No Membership Fee for Returning Member/Institution**

**Mailing address: Central Florida Consortium of Private School Counselors  
Post Office Box 2121  
Winter Park, Florida 32790-2121**