



Virginia Student Councils Association

2016-17 Membership Application

4909 Cutshaw Avenue • Richmond, Virginia 23230

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

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: _____

2nd Advisor Name : _____
(if applicable)

2nd 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