



# Virginia Student Councils Association

## 2010-11 Membership Application

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 student 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.



Teacher/advisers 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/advisers from member schools say their 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 adviser with complimentary membership in the Virginia Association of Student Activity Advisers. 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.

4909 Cutshaw Avenue • Richmond, Virginia 23230

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

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

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

### School Membership Information

Please type or print clearly.

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

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

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

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

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

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

### VSCA Adviser:

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

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

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

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

2<sup>nd</sup> Adviser 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