

2016 NTSCH Membership Application

Full Name: _____

Mailing Address: _____

City, State/Province: _____ Zip Code: _____ Country: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Would you be interested in being listed on our online referral database?

Which membership category are you applying for?

NTSCH Member NTSCH Student Member

Education and License Information:

School	Degree or Anticipated Degree	Year Graduated or Anticipated
License Number	License Type	License State

Check if you are a current ASCH Member. (National Organization)

If so, what is your category of membership? _____

Check if you are an ASCH Approved Consultant?

*I have read the **Code of Conduct** and agree with to comply with the ethical standards.*

The By-Laws have been made available to me and I agree to comply with the organizational by-laws.

Signature: _____

Date: _____

Fee Paid? (Former NTSCH President's Fees Are Optional) _____