

# CAAIEYC MEMBERSHIP FORM

Memberships must be in the name of an individual, not a center or school. Please print.

Name \_\_\_\_\_

Street \_\_\_\_\_

New Address?  Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Check one:

New membership  Renewal(ID#): \_\_\_\_\_

\*\*Your dues payment includes membership in NAEYC, as well as membership in the following Affiliate Groups

*Local:*

*State:*

*Region:*

Capital Area AEYC

Pennsylvania AEYC

Mid-Atlantic AEYC

## Affiliate Group Membership

Comprehensive: \$105.00

Make check payable to -- NAEYC # 132

Regular \$70.00

Mail check and form to:

NAEYC

P.O. BOX 97156

Washington, D.C. 20090

Student \$50.00

(Copy of current student ID must accompany payment.)

## Indicate Your Payment Option

Check/money order

Charge to VISA

MasterCard

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_