

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:

Capital Area AEYC

State:

Pennsylvania AEYC

Region:

Mid-Atlantic AEYC

Affiliate Group Membership

Comprehensive: \$120.00

Make check payable to -- NAEYC # 132

Regular \$85.00

Mail check and form to:

NAEYC

P.O. BOX 97156

Washington, D.C. 20090-7156

Student \$65.00

(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: _____