



Membership Application

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

Name: _____ Date: _____
Street: _____
City: _____ State: _____ Zip: _____
County: _____ Email: _____
Home telephone: _____ Work telephone: _____

Check one: New Membership Renewal (Member #) _____

New and existing NYSAEYC membership now includes a subscription to the NAEYC print publication of your choice: ***Young Children*** or ***Teaching Young Children -for the Preschool Professional***. For an additional fee you can receive both publications. Choose the publication package that best meets your professional needs:

- Young Children*** (6 issues)
- Teaching Young Children*** (5 issues plus a bonus book, *Spotlight on Teaching Young Children*) OR
- Both...** *Young Children* and *Teaching Young Children* (Additional cost: \$19 for one year or \$57 for three years)

Affiliate Membership

Includes membership at the local, state (NYSAEYC), and national (National Association for the Education of Young Children (NAEYC) levels.

Regular member benefits also include *NYSAEYC Reporter* (hard copy two times per year & four on-line E-News), conference discounts, local newsletter, special promotions, and much more. Join as a **Comprehensive Member** to also receive 5 or 6 books – valued at more than \$60 – throughout the year.

To choose an Affiliate, please see reverse side of form.

Affiliate name/Chapter code: _____

- \$95.00 - Comprehensive Affiliate Member
- \$242.25 - Three-year Comprehensive Affiliate Member
- \$55.00 - Regular Affiliate Member
- \$140.25 - Three-year Regular Member
- \$35.00 - Student Affiliate Member*
- \$89.25 - Three-year Student Member*

Special discount: If you join or renew your membership for three years, you will be entitled to a 15% discount on the total amount of your membership dues.

***Students only:** Student ID # _____ College/University Name: _____

Indicate your payment option:

- Check/money order enclosed.
- Visa MasterCard American Express Discover

Credit card #: _____ Expiration date: _____

Cardholder's name: _____ Cardholder's signature: _____

Thank you!

Please return completed form with your payment to NAEYC, P.O. Box 97156, Washington, D.C. 20090 or by fax to 202-328-2649.

We would greatly appreciate it if you could complete the membership profile on the reverse side to help us be able to give the public and our legislators a look at who we are as a member organization.

NYSAEYC Affiliate Chapter Codes

County	Code #	County	Code #
Albany	045	Onondaga	054
Broome	116	Orange	051
Cayuga	054	Orleans	052
Chautauqua	120	Oswego	054
Chenango	225	Otsego	225
Clinton	365	Putnam	055
Cortland	193	Rensselaer	045
Delaware	225	Rockland	423
Dutchess	051	Saratoga	163
Erie	049	Schenectady	045
Franklin	365	Seneca	052
Genesee	052	Suffolk	554
Herkimer	054	Tioga	116
Livingston	052	Tompkins	050
Madison	054	Ulster	051
Monroe	052	Warren	163
Nassau	047	Washington	163
New York City	048	Wayne	052
*New York State At-Large	55000	Westchester	055
Niagara	049	Wyoming	052
Oneida	054	Yates	052
Ontario	052		

***Not served by a local affiliate**

Please indicate your chapter code on the reverse side of this form. Chapter codes are listed on the above chart to the right of the county. If you should have any questions, please call the NYSAEYC office at (518) 867-3517.

Membership Profile

Work setting- circle the age group with which you work and your position. Circle all that apply

AGE GROUP

- 20 Infant/Toddler
- 21 Preschool/Pre-K
- 22 Kindergarten
- 23 Primary/school age
- 24 Middle/secondary
- 25 College Students
- 26 Families
- 27 Other Adults

- 21 Advocacy/Public Policy
- 22 Conference/Workshops
- 23 Hospitality
- 24 Media-publicity
- 25 Membership recruitment retention
- 26 Quality, compensation and affordability
- 27 Week of the Young Child
- 28 Violence Prevention
- 29 Cultural and linguistic diversity
- 30 Other _____

POSITION

- 20 Teacher
- 21 Family Child Care Provider
- 22 Center Director/School Administrator
- 23 College educator/trainer
- 24 Licensor
- 25 Parent of Child in Care
- 26 Student
- 27 Retired
- 28 Consultant
- 29 Child Advocate

Student ID _____

University Name _____

OPTIONAL

Race /Ethnicity

_____/_____
Length of time in the field Birth date

INTERESTS

- 20 Accreditation promotion support