

# NAEYC Membership Application

## San Antonio Association for the Education of Young Children -27

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ Work Phone: \_\_\_\_\_ / \_\_\_\_\_

Check one: \_\_\_\_\_ New Membership \_\_\_\_\_ Renewal (ID # \_\_\_\_\_)

**Choose the membership option best for you: Comprehensive, Regular or Student level.**

<input type="checkbox"/> <b>\$125.00 Comprehensive Member</b> Membership to SAAEYC, TAEYC, NAEYC and SECA, voting privileges, reduced fees to workshops and conferences, subscriptions to local mailings; EARLY YEARS, DIMENSIONS and YOUNG CHILDREN magazines, plus newly released NAEYC publications.	<input type="checkbox"/> <b>\$90.00 Regular Member</b> Includes membership to SAAEYC, TAEYC, NAEYC and SECA, voting privileges, reduced fees to workshops and conferences, subscriptions to local mailings; EARLY YEARS, DIMENSIONS and YOUNG CHILDREN magazines.	<input type="checkbox"/> <b>\$80.00 Student Member</b> Same benefits as Regular; must be currently enrolled in a minimum of 12 hours. Student ID #: _____ College/University Name: _____
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*Age Group:*  
(Please check one)  
\_\_\_\_ Infant/Toddler  
\_\_\_\_ Preschool/Pre-K  
\_\_\_\_ Kindergarten  
\_\_\_\_ Primary/School-age  
\_\_\_\_ Middle/Secondary  
\_\_\_\_ College Students  
\_\_\_\_ Families  
\_\_\_\_ Other Adults

*Position*  
(Please check one)  
\_\_\_\_ Teacher  
\_\_\_\_ Family Child Care Provider  
\_\_\_\_ Center Director/ School Administrator  
\_\_\_\_ Licensor  
\_\_\_\_ Parent of child in care  
\_\_\_\_ Student  
\_\_\_\_ Retired  
\_\_\_\_ Consultant  
\_\_\_\_ Other: \_\_\_\_\_

*Interest: Check the activities/ areas for which you are willing to volunteer*  
\_\_\_\_ Accreditation promotion/support  
\_\_\_\_ Advocacy/ public policy  
\_\_\_\_ Conference/workshops  
\_\_\_\_ Membership recruitment/ retention  
\_\_\_\_ Quality, compensation & affordability  
\_\_\_\_ Cultural & linguistic diversity  
\_\_\_\_ Hospitality  
\_\_\_\_ Media/publicity  
\_\_\_\_ Week of the Young Child  
\_\_\_\_ Violence prevention  
\_\_\_\_ Other: \_\_\_\_\_

**Indicate your payment option:**

\_\_\_\_ Check/Money Order (make check payable to NAEYC) \_\_\_\_ Charge to Visa \_\_\_\_ Charge to MasterCard

Charge Card # \_\_\_\_\_ Cardholder's name: \_\_\_\_\_

Cardholders signature: \_\_\_\_\_

NAEYC occasionally rents its membership lists to promote products and services deemed of interest to out members. Revenues support NAEYC programs and activities. Check here if you do not wish to receive such mailings. \_\_\_\_\_

THANK YOU! PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT TO:

(Note: please use this address only for membership payments, not accreditation or book sales)

NAEYC Membership

PO Box 97156

Washington, DC 20090-7156