

FOX VALLEY AEYC MEMBERSHIP APPLICATION

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

Name _____

Mailing address _____

City _____ State _____ ZIP _____

e-mail address _____

Home phone _____ / _____ Work phone _____ / _____

Check one: New membership Renewal (ID# _____)

CHOOSE MEMBERSHIP LEVEL

Comprehensive \$93

Regular \$58

Student \$37

INDICATE YOUR PAYMENT OPTION

Check/money order Charge to VISA Charge to MasterCard

Charge Card # _____ Expiration date _____

Cardholder's name _____

Cardholder's signature _____

THANK YOU!

PLEASE RETURN COMPLETED FORM WITH YOUR PAYMENT TO:

National Association for the Education of Young Children

P.O. Box 97156

Washington, DC 20090-97156