

East End Counselors Association

A CHAPTER OF THE NEW YORK STATE COUNSELOR ASSOCIATION

2007-2008 Membership Application

- Please check here if there has been no change in your information.

Name _____ Current Position _____

Home Phone _____ Business Phone _____ Fax _____

Home Address:

Street _____

City _____ State _____ Zip _____

Email _____ Date of application _____

Name of Institution _____

Business Address:

Street _____

City _____ State _____ Zip _____

Elementary School__ Middle School__ Junior H.S.__ Senior H.S.__ Agency__ College__

Send mail to my: **Business Address**__ **Home Address**__

Membership Type: **Renewal**__ **New Member**__

Membership Classification (Circle Appropriate One):

Dues: Regular \$20 Retired \$10 Grad Student \$10 Lifetime Member FREE

Please mail this application form together with your check payable by Sept. 30, 2007 to:

East End Counselors Association
Anastasia Mouyiaris, Membership Chair
P.O. Box 1357
Riverhead, N.Y. 11901

Purchase orders may be used. Please duplicate this application and send a completed membership form for each person wishing to join.

- I hereby grant permission for my image to be used on the East End Counselors Association website.