



# East End Counselors Association Inc.

A CHAPTER OF THE NEW YORK STATE SCHOOL COUNSELOR ASSOCIATION

P.O. Box 1357 • Riverhead, NY 11901

www.eastendcounselors.org

## EECA Membership Application

Name \_\_\_\_\_

(Please give either your home OR business contact information.)

Name of Institution \_\_\_\_\_ Current Position \_\_\_\_\_

**Circle one: Home Address/ Business Address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Elementary School \_\_\_ Middle School \_\_\_ Junior High School \_\_\_ Senior High School \_\_\_  
College/University \_\_\_ Mental Health/Agency \_\_\_ Private Counselor \_\_\_

Membership Classification (Please Circle Appropriate One):

**Dues: Regular \$35 Retired \$20 Grad Student \$15 Lifetime Member FREE**

Please mail this application form together with your check or purchase order payable to:

**East End Counselors Association  
Membership Chairpersons  
P.O. Box 1357  
Riverhead, N.Y. 11901**

- EECA is going GREEN! If you prefer to receive your EECA invites as a hard copy mailing in addition to email, please check here \_\_\_\_\_
- Emails may be given to meeting sponsors when requested as a way to support the organization's overall mission. *If you do not want your email given, please check here \_\_\_\_\_*