N4C 2018 MEMBERSHIP APPLICATION (Membership valid from January 2018 through December 2018)

Name		
Job Position/Title		
College/University/Company		
Name of the Center of Early Childhood Campus Program		
Center or Office Address		
City	State	Zip
Email	\\\/	Work Fax
Email	Work Phone	Work Fax
□ Renewel -OR- □ New Member (How did you hear about N4C: □ Colleague □ Facebook □ LinkedIn □ Exchange)		
☐ Please check here if you do not want to be on the Member listsery, otherwise you will be included.		
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MEMBERSHIP TYPE		
□ Faculty Member		Director's signature required to qualify for the Associate discount rate. Please note that a separate form must be
□ Individual Member	Individual Member	
1 Retiree		
Single Center-Director Membership \$150		
☐ Center Associate-Each additional member at the same center		Director's signature Date
		Total Due \$
PAYMENT INFORMATIO	N	MEMBER BENEFITS
Make checks payable to: N4C (N4C Tax ID# 39-1587614). Credit card payments may be faxed or phoned into the N4C office at (615) 614-3723.		All members receive: reduced conference rate, listserv access, member's only access page on the website, resources and member rates to partner programs.
Card # □ VISA □ MC □ American Express VCode*		
Cardholder Name	Exp. Date	 Faculty and Single Center/Directors receive one vote on board elections. Director members have the ability to add Associate members at a discounted rate.
Card Billing Street Address		National Coalition for Campus Children's Centers
City	State Zip	
Authorized Signature	Date	Engage • Network • Advocate