



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

2018-2019 Membership Application

Name _____

(Please fill out either the home or business contact information.)

Home Address:

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Home Email _____

Name of Institution _____ Current Position _____

Business Address:

Street _____

City _____ State _____ Zip _____

Business Phone _____

Business Email _____

Elementary School _____ Middle School _____ Junior High School _____ Senior High School _____
College/University _____ Mental Health/Agency _____

Send mail to my: Home Address _____ Business Address _____

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
Kristen Domeischel & Christa Narus, 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.**