



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

2024-2025 Membership Application

Name _____

Due to many districts blocking the EastEndCounselorAssociation@gmail.com email address, we are asking that all members provide their personal email only.

Address of preferred mailing:

Street _____

City _____ State _____ Zip _____

Cell Phone _____

Personal Email Address:

Name of District/School/College Employed at or Student at _____

Current Position _____

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

Membership Classification (Please Circle Appropriate One):

Dues: Regular \$40 Retired \$25 Grad Student \$20 Lifetime Member FREE

Membership fees include 3 General Membership Meetings and various professional developments throughout the year with no additional cost*

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

**East End Counselors Association
Kristen Domeischel & Martha Tuthill Membership Chairpersons
P.O. Box 1357
Riverhead, N.Y. 11901**