

NYSEC MEMBERSHIP FORM

Please complete this form and return it, along with your check
made out to **New York State English Council**, to:

NYSEC Business Secretary
550 Victory Circle
Ballston Spa, New York 12020

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

COUNTY: _____

Please complete the following information for our records.

Name of School or Institution Affiliation: _____

Address: _____

School Phone: _____ School E-mail: _____

Indicate type of membership: ___ new membership ___ renewal

___ One year membership \$40.00 ___ Institutional membership \$40.00

___ Retiree membership \$20.00 ___ Foreign countries \$45.00

___ Student membership \$15.00

Circle one of the following in each row:

Elementary Middle Secondary K-12 College/University
Teacher Librarian Department Head Principal Professor Other: _____