



# 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

## 2015-2016 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**  
**Anastasia Cobis, Membership Chairperson**  
**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.**