



2022- 2023 Membership Application

Member Type/Annual Dues (please circle one):

Regular - \$20

Retired - \$10

Student - \$10

Emeritus

Contact Information:

Name: _____

Job Title: _____

Place of Employment: _____

Preferred Email: _____

Preferred address for mailings: _____

Phone (_____) _____

How would you like to be contacted by the CDCA (please circle one)?

-Email

-Mail

-Email and Mail

Worksite (please circle one):

- College Admissions

- Counselor Educator

- Middle School

- Graduate Student

- Retiree

- College Counseling/Career Center

- Elementary School

- High School

- Community Agency

- Other: _____

Committees play a vital part in CDCA programming! Please indicate which, if any, you would like to join (please circle one):

- Elementary School

- College

- Middle School

- Graduate Student

- High School

- Retiree

Please return membership application and check payable to CDCA:

CDCA Membership PO Box 50153 Albany, NY 12205

Or renew your membership online at: cdcanyc.org to pay with Paypal

If you have any questions, please contact Colleen O'Flaherty, Membership Chair, at:

cdcamembership@gmail.com