



COLORADO ASSOCIATION  
FOR THE EDUCATION  
OF YOUNG CHILDREN

Please print out this application form and mail it along with check payable to "NAEYC" to:

NAEYC Membership  
P.O. Box 97156  
Washington, DC 20090-7156

Or you may join online, using a credit card, to NAEYC's Web Site (<http://www.naeyc.org/membership/join>)

(Please print or type)

Name \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Affiliate Group Number 82

Please check: Comprehensive ..... \$85 \_\_\_\_  
Regular Affiliate ..... \$50 \_\_\_\_  
Student ..... \$40 \_\_\_\_

Please choose the publication package below that best meets your professional needs:

- Subscription to *Young Children*
- Subscription to *Teaching Young Children*
- Subscription to Both additional fee of \$19.00

Renewal \_\_\_\_\_ (ID Number) \_\_\_\_\_ New \_\_\_\_\_

Employment \_\_\_\_\_



COLORADO ASSOCIATION  
FOR THE EDUCATION  
OF YOUNG CHILDREN

Name of College to verify student status:

\_\_\_\_\_ College

Date mailed \_\_\_\_\_

Indicate your payment option:

\_\_\_\_ Check/Money Order

\_\_\_\_ Visa

\_\_\_\_ Master Card

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_