2016 NYSACCE4-HE ANNUAL MEMBERSHIP APPLICATION

Cornell Cooperative Extension Educators, Specialists, Cornell Faculty and Extension Administrators associated with 4-H Youth Development are welcome to join the New York State Association of Cornell Cooperative Extension 4-H Educators. NYSACCE4-HE is the only state and district professional association for 4-H Youth Development Educators.

Benefits of being a NYSACCE4-HE member include networking to share program ideas and create partnerships, collaboration with state and national partners, developing leadership skills through professional development opportunities, and recognition by colleagues for awards and scholarships.

Depending on the membership option selected, you will receive the applicable national and state News and Views newsletters, membership rates at professional improvement conferences, and the opportunity to participate on the board of directors and/or standing committees for the association.

Membership dues are payable by December 1 to meet National Award application deadlines.

APPLICANT INFORMATION

Name: Email:

County: Phone: Fax:

Address:

City: State: ZIP Code:

MEMBERSHIP INFORMATION

Educator District: Type of Membership: (pick one only!)

☐ Western ☐ North Country ☐ Renewal (State and National) $100.00

☐ Finger Lakes ☐ Capital ☐ New Member (State and National) $100.00

☐ South Central ☐ South East ☐ State Only Renewal ☐ State Only New Member $50.00

☐ North Central ☐ Cornell ☐ Life Member (National and State) (Retired only) $240.00

☐ State Life (Retired only) $80.00

4-H Hire Date: Years Employed with CCE: Assigned to 4-H Youth Development Work?: yes no

Date Joined NYSACCE4-HE: Date Joined NAE4-HA (if applicable):

SIGNATURE INFORMATION

NAE4-HA receives requests to share its database for research or evaluation studies. These studies might seek to involve you as a pilot test facilitator or involved you as a research subject. I give consent to be contacted _____yes _____no as a research subject aiming to enhance or understand the profession and/or the professional.

Signature of applicant: Date:

Please return form with check payable to NYSACCE4-HE
Return to:
Kelly Adams
CCE of Broome County
840 Upper Front Street
Binghamton, NY 13905
kea32@cornell.edu

Do Not Write in Shaded Area Date Received: Check #: Initials: