



## 2024- 2025 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 Admission                      - College Counseling/Career Center                      - Counselor Educator
- Elementary School                      - Middle School                      - High School
- Graduate Student                      - Community Agency                      - Retiree
- Other: \_\_\_\_\_

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

- Elementary School                      - Middle School                      - High School
- College                      - Graduate Student                      - Retiree

Please return form with check payable to CDCA: CDCA Membership PO Box 50153 Albany, NY 12205

**To join or renew online, scan to QR code below**



If you have any questions, please contact Colleen O'Flaherty,, at: [cdcamembership@gmail.com](mailto:cdcamembership@gmail.com)