**ACYCP Annual Membership**

 **Enrollment/Renewal Form**

□ **General ACYCP Annual SINGLE or RENEWAL Membership** **$35 per person per year**

□ **Student ACYCP Annual SINGLE Membership $20 per person per year**

□ **Agency Membership** (Includes up to 20 individual memberships) **$500 per agency per year**

***FORM FIELDS NEEDED:***

Last Name

First Name

Home Address

City

State

ZIP

Phone

Email:

Child & Youth Care SPECIALTY field

**What primary factor caused you to apply/renew for ACYCP membership?**

 **(Check only one)**

\_\_\_ ACYCP On-line Publication

\_\_\_ Professional colleague

\_\_\_ Friend

\_\_\_ Supervisor

\_\_\_ CYCCB Certification

\_\_\_ Agency requirement

\_\_\_ Instructor

\_\_\_ ACYCP website

\_\_\_ ACYCP webinar

\_\_\_ ACYCP email promotion

\_\_\_ ACYCP general renewal reminder

\_\_\_ ACYCP personal renewal reminder

\_\_\_ Other:

□ Yes, I’m interested in being a regional or state ACYCP coordinator

□ Yes, I’m interested in being an ACYCP committee member

□ Yes, I’m interested in being a webinar, WORKSHOP OR CONFERENCE presenter

**Please select your membership choice:**

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**NOTE: ACYCP WILL EMAIL YOU AN INVOICE.**