

New York Council of Administrators of Special Education

Email: lwidomski@nycase.org Phone: 845-701-0855

NYCASE Membership Application

First Na	me:Last Name:		
Job Titl	:		
_	ation/District:		
City:	State: Zip:		
E-mail:	Phone:		
	ell us how you know about NYCASE of Years as a School Administrator		
Check th	e membership level you seek:		
□ New Yor	NYCASE Council Member: State level yearly membership of the New York Council of Administrators of Special Education	1 Yr 2 Yrs (NYCASE) □ \$90 □ \$17	'O
	Unified Member: To become a Unified Member, you must be a paid member of the National	Council □ \$90 □ \$170)
<u>Adminis</u>	rators of Special Education Association (CASE)*, a division of the Council for Exceptional Child	ren (CEC) .	
Note: O	ly Unified members may serve on NYCASE Executive Board of Directors. If you are a member	of National CASE Please	
	our CASE Membership number here		
	r CASE/CEC Membership must be paid directly to the Council for Exceptional Children. You may		
	E/CEC membership on line at www.cec.sped.org , or by calling CEC Customer Service 1-888-232		
	NYCASE Retired Member:	□ \$35	
	nembership is granted by the board of directors to individuals who upon retirement are membership is granted by the board of directors to individuals who upon retirement are membership is granted by the board of directors to individuals who upon retirement are membership is granted by the board of directors to individuals who upon retirement are membership is granted by the board of directors to individuals who upon retirement are membership is granted by the board of directors to individuals who upon retirement are membership in the property of the board of directors to individuals who upon retirement are membership in the property of the board of directors to individuals who upon retirement are membership in the property of the board of directors to individuals who upon retirement are membership in the property of th	ers in good	
	with NYCASE. Retired members may serve on committees of the NYCASE board.		
Ц	NYCASE Student Member:	□ \$8	80
	nembership is available to individuals who are enrolled full time in a college/university. Studen committees of the NYCASE board. Fill in the name of College/University:	· ·	

Membership period is for one or two years depending upon your selection, renewable on the first or second anniversary of your join date. You will be notified one month in advance that renewal is due.

We look forward to the reward of working collaboratively on behalf of students with disabilities.

 $\textbf{Visit} \ \underline{\textbf{www.nycase.org}} \ \textbf{to apply for membership online} \ \textbf{or to download} \ \textbf{an application}.$

If mailing an application, make checks payable to **NYCASE** and mail to:

NYCASE PO Box 290 Greenfield Center, NY 12833