



Work Experience Coordinators Association MEMBERSHIP APPLICATION

CATEGORY: Circle one category.

Date: _____

Practicing Coordinator/Educator	WECA Supporter (Educator - Non-Practicing Coordinator)	1 st Year or Student Member	Corporate Supporter	Honorary/Retiree/WECA Ambassador
\$35	\$20	\$15	\$100	No Charge

	WORK	HOME
FIRST NAME		
LAST NAME		
TITLE		
EMPLOYER or Institution		
STREET		
CITY		
STATE		
ZIP		
PHONE ()		()
EMAIL ADDRESS		
FAX ()		()
CELL PHONE ()		()

Check the membership zone closest to your work site.

<input type="checkbox"/>	Albany/Capitol	<input type="checkbox"/>	Mid-Hudson
<input type="checkbox"/>	Binghamton/Ithaca	<input type="checkbox"/>	New York City
<input type="checkbox"/>	Buffalo	<input type="checkbox"/>	North Country
<input type="checkbox"/>	Finger Lakes/Rochester	<input type="checkbox"/>	Syracuse
<input type="checkbox"/>	Long Island	<input type="checkbox"/>	Westchester

MAKE CHECK PAYABLE TO "WECA" and mail to:

Jack Dennis, NYS WECA Treasurer, 54 Kimbrook Circle, Rochester, NY 14612.

Any questions? Email or call Jack: 585-227-4946, jackd@rochester.rr.com

Our State Treasurer will notify the appropriate zone that you have become a member.

THANK YOU FOR JOINING WECA!