

# Southern Early Childhood Association Membership Application

Affiliate membership is designed especially for persons living inside the states with SECA affiliates. **SECA affiliate states are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia.**

**Affiliate dues vary by state**, please call the SECA office to request the affiliate membership dues amount for your state. You can also choose to join your local affiliate as you submit your membership.

SECA member benefits include:

- ✓ Monthly membership e-mails.
- ✓ Monthly children's book review e-mails.
- ✓ A subscription to *Dimensions of Early Childhood* (3 issues), our nationally recognized professional journal.
- ✓ Professional resources and information for members only at [www.SouthernEarlyChildhood.org](http://www.SouthernEarlyChildhood.org).
- ✓ Discounts on SECA training, annual conference, professional publications and products.

## Please Print

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Age group you work with \_\_\_\_\_

Please check all that apply.

- Renewing Current Membership; Member ID \_\_\_\_\_  New Member  Regular Member  
 Full-time Student; list student ID and University \_\_\_\_\_  Address Changed

**Please check all that apply (optional):**

\_\_\_ Director/Administration    \_\_\_ Family Care Provider    \_\_\_ Volunteer    \_\_\_ Teacher  
\_\_\_ Health Professional    \_\_\_ Teaching Assistant    \_\_\_ Consultant    \_\_\_ Student  
\_\_\_ Parent/Family Member    \_\_\_ Supervisor    \_\_\_ Retired    \_\_\_ Other

**Gender:** \_\_\_ Male    \_\_\_ Female

**Age:** \_\_\_ 18-25    \_\_\_ 26-35    \_\_\_ 36-50    \_\_\_ 51-65    \_\_\_ 65+

**Ethnicity:** \_\_\_ African-American    \_\_\_ Asian    \_\_\_ Hispanic    \_\_\_ White/Caucasian    \_\_\_ Other \_\_\_\_\_

**Highest education completed:**

\_\_\_ H.S./GED    \_\_\_ CDA credential    \_\_\_ AA Degree    \_\_\_ Bachelor's    \_\_\_ Master's    \_\_\_ Doctorate

**Local affiliate/district/chapter** \_\_\_\_\_ **Total Enclosed \$** \_\_\_\_\_ **Check number** \_\_\_\_\_

**Who is purchasing this membership for you?** \_\_\_\_\_

**Return this form with your payment to:**

**Southern Early Childhood Association**  
**1123 S. University Ave., Ste. 255**  
**Little Rock, AR 72204**

Upon receipt of this form and payment, your membership card will be e-mailed within 4-6 weeks.