



## Membership Request Form

ECTPC is a 501c6 tax-exempt entity. Tax ID#27-1963706

### Select the type of membership you are choosing

ECTPC offers two types of memberships. An individual membership covers one professional. An institutional membership covers more than one professional in the organization.

Individual Membership: \$75/ yr.

Small Institution (1-3 FT people) Membership: \$150/yr.

Large Institution (4+ FT people) Membership: \$250/yr.

Retired Membership: \$50/yr.

### Pay by check

Make check payable to ECTPC

***Do not write the check to Spokane Falls Community College***

Send payment and this completed form to:

Early Childhood Teachers Preparation Council

Attn: Cathy Meier, PhD Treasurer

Spokane Falls Community College

3410 W. Fort George Wright Dr. MS 3160

Spokane, WA 99224-5288

### Pay by PayPal

Email Cathy Meier at [Cathy.Meier@sfcc.spokane.edu](mailto:Cathy.Meier@sfcc.spokane.edu) and attach this membership form. Cathy will then invoice you for the amount of dues +\$3.00 PayPal fees

**Institution Information**

Institution Name \_\_\_\_\_  
Department \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Program Type(s): \_\_\_ CDA \_\_\_ AAS \_\_\_ AT \_\_\_ BA/S \_\_\_ Graduate \_\_\_  
On campus lab school \_\_\_ Preschool only \_\_\_ Full day care \_\_\_  
Infant/Toddler \_\_\_ Other \_\_\_\_\_

**Member Information (primary contact at your institution)**

Name & Title: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Member Information**

Name & Title: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Member Information**

Name & Title: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Member Information**

Name & Title: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Member Information**

Name & Title: \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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E-mail \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
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Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

*Add more members if needed for institutional membership*