



Coalition of Infant/Toddler Educators

Membership Application

Name: _____ Work Title _____

Home Address: _____

Employer Name & Address: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Email Address: _____

Please check which chapter you will join:

Northwest: (Morris, Hunterdon, Sussex, Warren) []

Northeast: (Bergen, Hudson, Passaic) []

University: (Somerset, Middlesex, Union, Essex, Mercer, Monmouth, Ocean) []

Southern: (Atlantic, Cape May, Gloucester, Salem, Cumberland, Camden, Burlington) []

Please send this form with a check for \$30 payable to "CITE" to:

CITE Membership
PO Box 1015
Barnegat Light NJ 08006

Membership is effective from June 1 to May 31 each year.