



## Coalition of Infant/Toddler Educators Membership Application

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer  
Address \_\_\_\_\_

Work Title \_\_\_\_\_

Phone \_\_\_\_\_

(Please check contact  
preference)

Cell

Work

Home

NJCCIS ID \_\_\_\_\_

Please check which Chapter you would like to join:

- Central:** Statewide Spanish Language Learners
- Northwest:** Morris, Hunterdon, Sussex, Warren
- Northeast:** Bergen, Hudson, Passaic
- University:** Somerset, Essex, Mercer, Middlesex, Monmouth, Union, Ocean
- Southern:** Atlantic, Burlington, Cape May, Camden, Cumberland, Gloucester, Salem

**Please send this form with a check for \$30 payable to**

**CITE  
C/O Passaic County Community College (PCCC)  
One College Boulevard  
Paterson, NJ 07505**

Membership is effective from June 1 to May 31 each year.  
For updates, please visit [www.njcite.org](http://www.njcite.org)