

# Application for Membership

Membership valid from January 2025 through December 2025



www.campuschildren.org  
n4c@campuschildren.org

Membership Status:  Renewing  New

Member Type:  Individual (\$190)  Group of 6 (\$570) Number of Additional Group Members \$105 each:

Center Name:

College/Org:

Address:

City, State, Zip:

Phone:

Department Affiliation:

Are you a lab school?  Yes  No

What population do you serve?  Students  Other  
 Community  Faculty

## Member Names

Name:	Title:	Join Listserv <input type="checkbox"/>
Email:		
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For more than 6 members, email names, email addresses, and titles to n4c@campuschildren.org.

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