

Application for Membership

Membership valid from January 2025 through December 2025



www.campuschildren.org
n4c@campuschildren.org

Membership Status: Renewing New

Member Type: Individual (\$185) Group of 6 (\$550) Number of Additional Group Members \$100 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:	
Email:		Join Listserv <input type="checkbox"/>
Name:	Title:	
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Name:	Title:	
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For more than 6 members, email names, email addresses, and titles to n4c@campuschildren.org.

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