

2022-2023 Mississippi Early Childhood Association (MsECA)

Membership Application

(New and Renewing Members)

Please type or print clearly - please complete a separate form for each member.

Memberships are not considered final until complete payment is received.

Name (Mr. / Mrs. / Ms. / Dr.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Agency (school, college, early learning center, etc.): \_\_\_\_\_

Current Position: \_\_\_\_\_

Phone (W): \_\_\_\_\_ (C): \_\_\_\_\_ Fax: \_\_\_\_\_

Are you a \_\_\_\_\_ new or \_\_\_\_\_ renewing member? Current MsECA member # (if applicable): \_\_\_\_\_

Email (please provide a separate email for each member): \_\_\_\_\_

Are you joining a local affiliate? (circle) Gulf Coast ECA Northeast MS ECA I'm Rankin Co. Director's Assoc

interested in learning more about being a MsECA Leader or Executive Board Member:  Yes  No

Who recommended MsECA to you? \_\_\_\_\_

MsECA is going green... Please register a valid email address. Most of our communication will be forwarded electronically.

**MsECA Membership Dues**  
(Valid for one year from join date)

- \$ 55 Professional membership in MsECA and SECA
- \$ 25 Student (copy of current student ID required)
- \$ \_\_\_\_\_ Local Affiliate Membership

**PAYMENT METHOD**

Payment or purchase order must accompany this form.

Memberships are not final until payment is received.

- Check/money order enclosed. (Payable to "SECA")
- Purchase order attached. P. O. # \_\_\_\_\_
- Credit or Debit Card # \_\_\_\_\_
- Name on Card \_\_\_\_\_
- Exp. Date: \_\_\_\_\_ Zip Code for Card: \_\_\_\_\_
- I need proof of professional membership emailed to me.

**Please mail completed form and payment to:**

Mississippi Early Childhood Association (MsECA)  
c/o Southern Early Childhood Association  
P.O. Box 8109  
Jacksonville, AR 72078

Visit our website: <http://www.msissippiearlychildhood.org/>

**Center Memberships**

If this application is part of a Child Care Center Membership, please provide the following information:

Center Name and Complete Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director's Name: \_\_\_\_\_

How many staff/members? \_\_\_\_\_

**Please circle ALL THAT APPLY (optional):**

Gender:	Male	Female	
Age:	18-25	26-35	36-50
	51-65	65+	
Race:	African-American	Asian	
	Hispanic	White/Caucasian	
	Other: _____		
Highest education completed:			
H.S./GED	AA Degree	Bachelor's	
	Master's	Doctorate	