



New England Child Life Professionals, Inc.

Membership Form

Please check box if there are any changes from previous year's information.

Information:

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Alternate Phone: _____

Email _____

Employment/School Information:

Position/Role: _____

Organization or School Name: _____

City, State _____ Phone: _____

Work/School Email _____ Check box if you would like your name & work/school information to be included in a NECLP Directory.

Membership Type:

Professional Member \$30.00

Full-time Student Member \$20.00
(must submit current, unofficial transcript or a letter from internship site coordinator stating you are completing a 480 internship with them)

Please make checks payable to:

New England Child Life Professionals, Inc.

Mail to: NECLP, Inc.
c/o Micaela Cotas
49B Water Street
Milford, MA 01757