



TENNESSEE ASSOCIATION FOR CHILDREN'S EARLY EDUCATION

Membership Application

NAME* _____

ADDRESS _____

COUNTY _____ CITY _____ TELEPHONE (____) _____

STATE _____ ZIP CODE _____ E-MAIL ADDRESS (must be included) _____

Regular Membership (\$55) _____

Student Membership (\$25) _____ (with student id)

Make checks or Money Orders payable to SECA and mail to:

PO Box 8109, Jacksonville, AR 72078

Or pay with a credit card by going to <https://seca.wildapricot.org/page-18203>