

New York Council of Administrators of Special Education

Email: lwidomski@nycase.org
Website: www.nycase.org
Phone: 845-701-0855

NYCASE District Membership Application**

Contact Person First Name:	Last Name:	
Job Title:		
Organization/District:		
Address:		
City:	State:	Zip:
E-mail:	Phone:	
Check the membership level:		
☐ NYCASE Council Member: New York State level yearly membership of the	New York Council of Administrators of Special E	1 Yr per membe Education (NYCASE) □ \$70
☐ Unified Member: To become a Unified Mem	nber, you must be a current paid member of th	ne National Council
of Administrators of Special Education Associat	· ·	· ·
Note: Please include CASE Membership numbe *Dues for CASE/CEC Membership must be paid		_
	ec.sped.org, or by calling CEC Customer Service	
**In order to receive the discount of \$70 per m	nembership a District application requires 3 or	more members.
Please list District Member Names here with the	heir email addresses:	
		

Membership period is for one year renewable on the first or second anniversary of the join date. Members will be notified one month in advance that renewal is due.

We look forward to the reward of working collaboratively on behalf of students with disabilities.

Visit www.nycase.org to apply for membership online or to download an application.

If mailing an application, make checks payable to NYCASE and mail to:

NYCASE PO Box 290 Greenfield Center, NY 12833