

**Capital District Council for the Social Studies
Membership Application and Renewal Form**

Visit our web site, www.cdcss.org, to join or renew on-line and pay with PayPal

If paying by check or purchase order, please complete the membership application form in its entirety and mail it with your dues payment to:

CDCSS Membership
PO Box 1342
Latham, NY 12110-8842

Please Note the Following

- All memberships run from September 1 to August 31
- All memberships include an e-newsletter. For an additional \$15.00 (fee to cover printing and mailing), you can have a hard copy mailed to you.
- If you are you a Department Chair, Coordinator, or Supervisor, consider joining the CDCSS Supervisors' Association for \$30.00, which includes General Membership. (CDSSSA conducts quarterly meetings; agenda items include those issues of particular interest to supervisors and administrators of social studies programs).

Select Membership Level

- CDCSS General Membership **\$20.00** _____
- Retired Membership **\$10.00** _____
- Student Membership **\$10.00** _____
- Supervisors' Association **\$30.00** (includes general membership) _____
- Fee for Newsletter Printing and Mailing **\$15.00** _____

[If you prefer to receive a hard copy of the CDCSS newsletter, please included *an additional \$15.00* with your membership dues to cover printing and mailing costs. Also, indicate the address to which you would like the newsletter mailed].

Take Advantage of District Discounts by Joining or Renewing as a District

- 6-10 members from same district, or entire social studies department for districts with 5 or fewer social studies teachers, submitting together: 25% off
- 11-20 members from same district submitting together: 30% off
- 21-30 members from same district submitting together: 35% off
- 31+ members from same district submitting together: 40% off.

[Please Note: If joining or renewing as a District, *each member must* complete an individual membership form. Please make copies as needed and *mail all applications together with appropriate payment*].

Total Enclosed \$ _____ (Make check payable to CDCSS)

If requesting a printed newsletter, please add \$15.00 to the total cost of your membership dues.

Personal Information

Name:	
Home Address:	
Home Phone:	
Home Email:	Home Fax:
Are you an: NYSCSS Member? Yes No NCSS Member? Yes No	

Teaching/Affiliation Information

Position:	
District/Business Name:	
School Name (Building):	
School/ Business Address:	
School/Business Phone:	School/Business Fax:
School/Business Email:	

Areas of Special Interest:
