



COUNCIL OF AGENCY EXECUTIVES

together we're better

ASSOCIATE MEMBER APPLICATION

Name _____

Address _____

City/St/Zip _____

Phone _____ Email _____

Certification:

- I was a Council member as CEO/ED of _____, through _____
(agency name) (date)
- I am not currently employed by an agency led by a current member. Note: *This does not apply to working as a consultant for a current member's agency, nor does it apply to volunteer work for a member's agency.*
- If I become employed by such an agency, I understand that my Associate Membership will be discontinued with no rebate of any dues paid.
- I support the mission and values of the Council.
- I am including a check for \$100 for annual dues.*

Signature _____ Date _____

Please mail this application and check to: **COAE/CCSI**
PO Box 10547
Rochester NY 14610-0547

*Dues accompanying this form will be valid for membership through **June 30, 2018.**

Questions 585.301.8383 or info@agencyexecutives.com