



Application for NAECTE State Affiliate Status

This application should be completed and submitted electronically to:

Affiliate Chair

Dr. Candace Jaruszewicz

jaruszewiczc@cofc.edu

Proposed Affiliate Name (State + "Association of Early Childhood Teacher Educators"): _____
Proposed Acronym (e.g., NJAECTE, NYAECTE, KAECTE, etc.) _____
Name and contact information of person submitting application:
Name _____
Email _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zipcode _____
Date of Application _____
Please attach the following documents:
1. Copy of proposed association By-Laws
2. NAECTE State Affiliate Officer Roster