

2024 KCSEA
CONTRIBUTION/NEW MEMBERSHIP FORM



NAME: _____
OFFICE/COMPANY: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE #: _____
EMAIL: _____
YEARS OF SERVICE IN CHILD SUPPORT: _____
PLEASE CHECK ONE:

_____ KCSEA New Membership Only: \$15.00

_____ KCSEA Donation: \$_____

Memberships are valid until the end of the calendar year.

Scan and email this form to admin@kcsea.org.

Send a check or money order with the member's name in the note line, made payable to "KCSEA" to:

KCSEA
c/o Amy Shaum, Treasurer
1591 Idaho Rd
Williamsburg, KS 66095

Refund Policy: There will be no refunds.

Insufficient Check Policy: In the event an insufficient check is received, the check must be made good with a money order or cash. In addition, that individual must pay by money order or cash for the following year's membership and conference registration.