

Individual and Student

Membership Application

Date: 

First Name:  Last Name: 

Mailing Address: 

City:  State:  Zip: 

County: 

Phone Number:  -  -  Work Number:  -  - 

Email Address:  @ 

Please indicate which type of membership you are interested in:

Individual Membership $50/year

 Student Membership\* $25/year

\* Full-time Undergraduate Student Only – please indicate what year you will graduate:



\*\* Checks should be made payable to NCCASA

**Please return completed membership form with payment to:**

**NCCASA Member Services \* 811 Spring Forest Road, Suite 900 \* Raleigh, NC 27609**