



North Carolina Partnership to Address Adult Abuse Membership Application 2022-2023

www.ncp3a.org

Name: _____

Title: _____

Organization (if appropriate): _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email (Most communication will be via e-mail): _____

Type of Membership (Select one; the membership year is from July 1 through June 30):

Individual Member: \$25

Organization/Agency Member (Any number per agency limited to two votes): \$50

Student and individuals age 65 and older: \$10

Select one:

New Member

Renewal

List names and emails for Organization/Agency memberships – First two names listed will be the Organization/Agency voting members:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

By PayPal – using “Send Money” use email ncpaaa@gmail.com for the membership dues amount. Send a copy of the membership application to ncpaaa@gmail.com.

By mail, make check payable to NCPAAA and mail to P. O. Box 10531, Raleigh, NC 27605. Please send an email to ncpaaa@gmail.com letting us know that a check has been sent.