



North Carolina Partnership to Address Adult Abuse Membership Application 2023-2024

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: _____

Name: _____

Name: _____

Name: _____

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 27603. Please send an email to ncpaaa@gmail.com letting us know that a check has been sent.