



North Carolina Partnership to Address Adult Abuse Membership Application 2019-2020

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:

Please mail this form with your check payable to NCPAAA to:

NCPAAA, P. O. Box 10531, Raleigh, NC 27605