



# North Carolina Partnership to Address Adult Abuse Membership Application 2018-2019

[www.ncp3a.org](http://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:

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

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