



Membership Application

DIRECTIONS: Complete the form and mail it with the appropriate payment to the address below. Please print and retain a copy for your records.

MEMBERSHIP TERM: _____ 1 year (\$25) *Renewable each September.*

MEMBER INFORMATION:

Name: _____
(Last) (First) (MI)

Position/Professional Title: _____

College or Organization: _____

Region (circle one): EASTERN CENTRAL WESTERN

Address: _____

City: _____ STATE _____ ZIP _____

Phone: Office () _____ Other () _____

email: _____

GET INVOLVED: _____ Check if you are interested in serving on a committee with us.

PAYMENT:

Make checks **payable to NC3ADL** and mail registration form with payment to:

Wanda Barker
NC3ADL Treasurer
c/o NCCCS
5006 Mail Service Center
Raleigh, NC 27699-5006

For Official Use Only: (Revised 1/26/10)

Membership Term Year: _____

Payment Received: _____ Check Number: _____