

NCADE

Institutional Group Membership Application Form

Institution's Name: _____ New Membership
 Renewal Membership

Each school with five or more members can get a group rate of \$15.00 per person.

Step 1. In the space below, please list all of the individuals who will be covered by this institutional membership. If additional space is needed, please use the back of this sheet. Please print clearly.

	Name	Email Address*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

***Most of the information from NCADE is disseminated via email so a current and accurate email address is important.**

Step 2. If the persons listed above are already members of NCADE, completion of this form is sufficient. However, each person listed above who is not a current member of NCADE should complete an individual membership application and attach it to this application.

Step 3. Although each person listed above will receive all information disseminated to NCADE members, please enter the name of one of the members listed above who will serve as contact person for institutional membership renewal.

Contact Person: _____

Please write NO beside each member who does not want to be on the NCADE listserv.

Step 4. Please mail this completed *Institutional Group Membership Application Form*, an *Individual Membership Application* for those who are not current members of NCADE, and your check made out to NCADE to the following address:

Dell Smith Enecks
NCADE Membership Chair
Beaufort County Community College
PO Box 1069
Washington, NC 27889
Courier: 16-03-01