New Membership ____ Renewal ___
Renewal month _____Year_____

NCASCD Dues: *(check one)*

- ☐ One Year Membership: $45
- ☐ Two Year Membership: $80
- ☐ Three Year Membership: $120
- ☐ Full time undergraduate student: $10/year
- ☐ Life Membership: $450 one time payment

NCASCD MEMBERSHIP APPLICATION
(Please complete all information)

Name_____
First Initial Last

Position:_____

Mailing Address:_____

_____

Home Phone: _____ Office Phone: _____

Fax: _____ email: _____

School System, School, Office: _____

Region (check one): The 8 regions are the same as the 8 political districts of North Carolina
1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

Member of International ASCD? yes ___ no ___

To encourage diversity of NCASCD membership, please check those that apply to you:

Total years in education: 0-10 _____11-20 _____21+ yrs _____

Male _____ Female _____

National Origin: Black _____Native American _____ Hispanic _____White _____Other _____

Please enclose check for membership term desired and mail form and check to NCASCD office.

If you wish to pay by credit card, you may visit our website at www.ncascd.com and click on About Us and then Sign Up/Renew. There you will see a link to online membership payment.

Mail this form with check payment to:

Dr. Frances Jones
NCASCD
317 Cannon Court
Asheboro, NC 27205

francesjones@triad.rr.com
336-625-5325