



Membership Category:

_____ Center Members \$100.00

_____ Individual Members \$ 35.00

_____ Organizational Members
See price chart →

<u>Annual Budget</u>	<u>Annual Dues</u>
0 - \$50,000	\$50
\$50,000 - \$150,000	\$100
\$150,000 - \$500,000	\$200
>\$500,000	\$300

Total Dues Amount \$ _____

I wish to make a tax-deductible contribution to support NCSCHA in the amount of \$ _____

Payment Method:

_____ Checks can be made payable to NCSCHA. Forward payment and completed form to:
NCSCHA, c/o Connie Parker, Executive Director
1901 S Live Oak Pkwy, Wilmington, NC 28403

_____ Visa / Mastercard (circle one). Forward payment and completed form to above address
or submit by fax (910) 343-4989 or email to cparker@ncscha.org.

Card Number _____

Expiration Date _____ 3-digit security code _____

Signature of authorized card holder _____

Indicate what years dues are for _____

****Please note: the membership year is from July 1 – June 30.**

Total Amount Enclosed or Authorized \$ _____

Health Center or Affiliated Organization

_____ health center or organization

_____ address city /state zip

_____ email phone fax

School Health Centers:
Each center membership is entitled to three voting staff or board members.

Individual Members: an individual who supports the school health centers and who has voting rights.

Organizational Members: an agency, organization, or business which supports school health centers and has all rights of members including one voting member. Organizational membership dues are based on the annual budget of the organization.

Individual or Organization Representative

name	title/degrees	
health center name or office		
address	city /state	zip
email	phone	fax

Please provide the following information for each member if applying for Center Membership

Member 1

name	title/degrees	
health center name or office		
address	city /state	zip
email	phone	fax

Member 2

name	title/degrees	
health center name or office		
address	city /state	zip
email	phone	fax

Member 3

name	title/degrees	
health center name or office		
address	city /state	zip
email	phone	fax