

NCADE

Individual Membership Application Form

Individual's Name _____

Institution's Name _____

Work Address _____

City _____ Zip Code _____

Email* _____

Phone (_____) _____ FAX (_____) _____

Individual membership dues are \$20.00 annually. Membership is current for one year from the date of payment of dues.

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

____ **Please check here if you do not want to be on the NCADE listserv.**

Please mail this completed form and your check, made out to NCADE, to

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

For comments or questions, contact Dell Smith Enecks at the address above or by email: delle@beaufortccc.edu, phone: 252-940-6261, or fax: 252-946-0271.