

**NCCASA Individual & Student
Membership Application**

Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (H) _____ (W) _____

Email Address: _____

Date of Birth: _____ County of Residence: _____

Are you a student? Yes No

If yes, what school do you attend? _____

When will you graduate? _____

Please indicate which type of membership you are interested in:

- Individual Membership \$35/ year
- Student Membership \$15/ year

** Checks can be made payable to NCCASA

How did you hear about NCCASA?

- Visited NCCASA website
- Received information from local rape crisis center
- Received information from other community agency
- Attended NCCASA training or workshop
- Saw NCCASA display at health fair or other community event
- Friend or Family Member
- Other _____

Please return your completed application and membership dues to:

NCCASA
Member Services
811 Spring Forest Rd.
Raleigh, NC 27609