

NCCASA Rape Crisis Program & Organization
Membership Application

Date: _____

Program/ Organization Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Website: _____

Phone Number(s): _____ Fax Number: _____

Name of Agency Executive Director: _____

Name of Primary Contact Person: _____

Title of Primary Contact Person: _____

Primary Contact's Email Address: _____

Other Staff Email Addresses to Receive NCCASA Updates: _____

Please indicate which type of membership you are interested in:

- Rape Crisis Programs & Organizations
Annual Budgets < \$100,000
\$75/ year
- Rape Crisis Programs & Organizations
Annual Budgets \$100,000- \$500,000
\$150/ year
- Rape Crisis Programs & Organizations
Annual Budgets > \$500,000
\$250/ year

** Checks can be made payable to NCCASA.

Please return your completed application and membership dues to:

NCCASA
811 Spring Forest Rd, Suite 900
Raleigh, NC 27609