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Membership Form

Enclosed is my Annual Membership Fee of \$75.00 Please make che		
☐ Enclosed is my Two-Year Membership Fee of 145.00 or pay onlin		Payable to NCAC or pay online at: s://www.nepa-alliance.org/ncac/
Please complete or attach your business card: Organization:		
Contact Person #1:		
Title:	E-mail:	
Contact Person #2:		
Title:	E-mail:	
Address:		
City:	_ State: County:	Zip Code:
Phone:	Fax:	
Website:		
Our organization is a: (Please check one) Nonprofit Unincorporated group Government College/University		
Grantmaker nonprofit Grantmaker for profit Consultant Other:		
☐Bradford ☐Carbor	ing Monroe No n Susquehanna Tic	ckawanna
	vant sectors that best represent y r 2 before the appropriate sector) Children & Youth	our organization's Community Development
Education	Environment/Animal Welfare	Health & Human Services
Religious/Faith Based	Scientific/Research Development	Senior Services
Veterans	Other:	