



NCAC
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Membership Form

- Enclosed is my **Annual Membership Fee** of \$100.00
- Enclosed is my **Two-Year Membership Fee** of \$195.00
- Please make checks
Payable to **NCAC**
or pay online at:
<https://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: _____

The counties we serve are: (Please check all that apply)

- Bradford Carbon Columbia Lackawanna Lehigh
- Luzerne Lycoming Monroe Northampton Pike
- Schuylkill Sullivan Susquehanna Tioga Wayne
- Wyoming Statewide Other: _____

Please indicate two relevant sectors that best represent your organization's mission. (Please enter 1 or 2 before the appropriate sector)

- ___ Arts & Culture ___ Children & Youth ___ Community Development
- ___ Education ___ Environment/Animal Welfare ___ Health & Human Services
- ___ Religious/Faith Based ___ Scientific/Research
Development ___ Senior Services
- ___ Veterans Other: _____