



COMING TOGETHER TO ADVOCATE FOR OLDER ADULTS

NC Coalition on Aging Membership and Renewal Form

MEMBERSHIP TYPE: Individual Agency/Organization/Group

Primary Contact Name: _____

(Note: This individual will receive communications, including email updates, sent from the Coalition.)

Agency/Organization/Group: _____

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone: _____

E-Mail: _____

Confirm Email: _____

If AGENCY/ORGANIZATION/GROUP

Secondary Contact Name: _____

(Note: This individual will also receive communications, including email updates, sent from the Coalition.)

Address: _____

City: _____ STATE: _____ ZIP CODE: _____

Phone: _____

E-Mail: _____

Confirm Email: _____

Dues Amount for Calendar Year (January 1 – December 31)*:

\$20/year for Individuals

\$100/year for Agencies/Organizations/Groups

I would like to make an additional donation to the Coalition in the amount of \$ _____

Complete the form and pay on-line by [clicking here](#).

OR

Remit Form with Check to: NC Coalition on Aging
PO Box 12762
Raleigh, NC 27605

*A hardship provision is available if unable to pay the full dues amount. Contact the Coalition President at president@nccoalitiononaging.org to find out more or to answer questions about the Membership Form or the Coalition.

PO Box 12762 - Raleigh, NC 27605-2762 • www.nccoalitiononaging.org/