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: ______________________________________________________________________

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: ______________________________________________________________________

Dues Amount for Calendar Year (January 1 – December 31)*:
☐ $25/year for Individuals
☐ $200/year for Agencies/Organizations/Groups
☐ I would like to make an additional donation to the Coalition in the amount of $ _____________

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

The membership form can also be completed and payment accepted on the Coalition’s website at
www.nccoalitiononaging.org

* A hardship provision is available if unable to pay the full dues amount. Contact the Coalition’s Executive Director’s at
executivedirector@nccoalitiononaging.org to find out more or to get answers to questions about the Membership Form
or the Coalition.