



**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: _____

If AGENCY/ORGANIZATION/GROUP

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

Secondary Contact Name: _____

E-Mail: _____

Other Contact Name: _____

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.