



**NNCA - PCNNCA
2017-2018 Membership Application**

Paste Your Personal
Address Label Here

- Initial dues - \$40.00
- Renewal each May - \$35.00
- Reactivate lapsed membership - \$35.00
- PCNNCA dues - \$10.00

NNCA member through _____

PCNNCA member through _____

Last Name	First	Middle	Maiden/Military
Mailing Address	City	State	Zip Code
Second Address	City	State	Zip Code Months
Telephone	Cell Phone	Email	Birthdate (not for publication)

Status

<input type="checkbox"/> Active Component	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)
<input type="checkbox"/> Reserve Component	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)
<input type="checkbox"/> Retired NC Officer		
<input type="checkbox"/> Former NC Officer		
Rank or Rank at Retirement/Discharge _____		

Volunteer Interest

<input type="checkbox"/> National	<input type="checkbox"/> Board	<input type="checkbox"/> Committee	<input type="checkbox"/> Other
<input type="checkbox"/> Chapter			

May we publish the following information in the NNCA Directory:

Name: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone: <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Communication Preferences

Directory: <input type="checkbox"/> Online <input type="checkbox"/> Paper	Newsletter: <input type="checkbox"/> Online <input type="checkbox"/> Paper
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Donations applied to

NNCA: <input type="checkbox"/> General <input type="checkbox"/> Memorabilia <input type="checkbox"/> History	In memory of _____
PCNNCA: <input type="checkbox"/> General	_____

National Dues _____	Date _____
Chapter Dues _____	Check Number _____
Donation Amount _____	Total _____

****NNCA By-Laws require that Chapter members must maintain membership in NNCA**

**Renew online at NNCA.org, click Join or Renew Your Membership
OR make check payable to and mail to PCNNCA
c/o Deb Casavant at 4305 Waterview Circle, North Charleston SC 29418**