

*** NCCESA STATE DUES INFORMATION FORM ***

Return this form with payment of dues to the State Treasurer no later than **November 1.**
Please also use this form when adding new members after November 1.

District _____ Treasurer: _____

Telephone Number (____) _____

Address: _____

Number Active (\$20 each): _____

Number Active Honorary (\$20 each): _____

Number Honorary (No Dues): _____

Number Associate (\$20 each): _____

Total Amount Enclosed: \$ _____

Check here if District 100% _____

If not 100%, how many remain unpaid? _____

(Please ensure that totals above agree with information provided below.)

Please list county and paid members; if member is other than active member, please indicate status (active honorary, honorary, associate) beside their name. If new member, please indicate beside name.

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

County: _____ County: _____

