



2012 Membership Form

The Extension and Research
Support Staff Association

Please make copies for any support staff who did not receive this information!

Name: _____

Title: _____

Office Address: _____

Email Address: _____

Office Phone: _____

Office Fax: _____

Name of University, Organization or
Institution: _____

Support Staff Association's Name (if
available): _____

Number of Years in Association: _____

Leadership Roles Held:

Complete all that apply:

Extension _____
County _____
Region _____

Research _____
Area _____
State _____

Parish _____
District _____
Campus _____

Check Membership Type:

New: \$10 _____

Renewal: \$10 _____

Retiree: \$10 _____

Signature: _____

Date: _____

[I have read the constitution and bylaws on the TERSSA web site: http://www.ces.ncsu.edu/assn/sressa/](http://www.ces.ncsu.edu/assn/sressa/)

Make check payable to: **The Extension and Research Staff Support Association (TERSSA)**

Write on the back of your check "For Deposit Only."

Mail payment and form by **December 31st** to:

Dena Malone, Treasurer

University of Arkansas Extension Service – Van Buren County

1414 Hwy 65 South, Suite 137

Clinton AR 72031

Membership year runs from January 1st to December 31st.