



County Membership Dues Report Form

Due December 1

County _____ District _____

County President _____ Email _____

Address _____

County Treasurer _____ Email _____

Address _____

Phone – home () _____ work () _____

Liaison Agent _____ Email _____

Phone () _____

	TOTAL	AMOUNT
Number of ECA Clubs	_____ @ \$6.00 each	_____
* Number of ECA Members (membership includes newsletter)	_____ @ \$10.00 each	_____
* Additional Newsletter Subscriptions	_____ @ \$3.00 each	_____
Total amount of check attached		\$ _____

*Attach list of names and addresses –
include all who should receive newsletter

Enclose check payable to NCECA, Inc., Membership list and/or Membership application. Mail to:

Faye Lanier, Appointed Treasurer
2515 Glover Road
Durham, NC 27703



Expense Reimbursement

Name _____ County _____

Address _____ City _____ Zipcode _____

Position in organization _____ Date _____

Destination: From _____ To: _____

Itemize Expenses:

Postage \$ _____

Phone _____

Car _____ miles @ .40 _____

Bus/Plane Fare (economy rate) _____

Total \$ _____

Lodging Expenses:

\$ _____ per night x _____ # nights

1/2 of total paid by you, double occupancy rate

Total \$ _____

Registration: \$ _____ 1/2 of total paid by you

Total \$ _____

Other expenses

Total \$ _____

Total All Expenses \$ _____

Approved by: _____

President

1. People riding with me _____

2. I rode with _____

- **Receipts** required for **all** expenses except mileage!
- Submit within 60 days of expenditure and no later than December 15
- Submit to the President of the level of ECA you are representing for reimbursement
- Mileage is only reimbursed for miles in personal vehicle



Leadership Candidate Application

Name _____

Address _____

Phone Number (____) _____ Email _____

Club _____ County _____ District _____

Number of years in NCECA _____

List ECA offices held in the last five years:

- Local
- County
- District
- State

List ECA committees served on. Mark with * if you chaired:

- Local
- County
- District
- State

*For each of the following, please include **only** activities within the last five years.*

List leadership in planning sessions for ECA or other NCCE programs.

List special training received through NCCE. Include Master programs.

List workshops or programs you conducted, number of people reached and the impacts realized.

Describe in your own words on a separate sheet, "The personal value of ECA to me." Emphasize tangible and intangible values, satisfaction gained through diverse opportunities and personal growth. You may want to include honors, awards, participation in and officers held in other organizations, special community service opportunities, family information, special interests and hobbies.

Attach a recommendation from ECA Liaison Agent.

Signature _____ Date _____



NCECA, Inc. Leadership Team Rotation

Position	2009	2010	2011	2012	2013	2014	2015	2016	2017
President	SC	WC	NE	NC	W	SE	SC	WC	NE
President-elect	WC	NE	NC	W	SE	SC	WC	NE	NC
Past President	SE	SC	WC	NE	NC	W	SE	SC	WC
State Conference	SC/SW	SE	W	WC	NE	NC	W	SE	SC

10. **Activities and Honors** (Include honors, offices, etc. in school, community, and church) **(25%)**

11. **Connection and Involvement with Cooperative Extension Service (NCCES)** **(25%)**
(NC Extension & Community Association {NCECA} member or relative, 4-H, programs presented for NCCES, etc.)

12. **Financial Need** **(25%)**

- a. Approximate family income per year (check one):
 below \$10,000 \$10,000 to \$20,000
 \$20,000 to \$30,000 \$30,000 to \$40,000
 \$40,000 to \$50,000 above \$50,000
- b. Approximate tuition and fees per year for school/university _____
- c.. Employment _____
- d. How do you plan to finance your education _____

13. **Scholarship Potential** **(25%)**

- a. Attach high school or college transcripts.
- b. List scholarships applied for or received _____
-

14. Expected date of college/university graduation _____

15. Attach a paragraph briefly explaining the value or impact the NCECA, Inc. and/or the NCCES has had on your life.

16. References - Attach three (3) letters of reference

17. Reviewed by NCECA, Inc. County Council President

NCECA, Inc. County Council President

Applicant's Signature

Date _____

Date _____

DIRECTORY OF LOCAL CLUB MEMBERS

Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____
Name _____	Telephone _____
Address _____	
Fax _____	Email _____

North Carolina Cooperative Extension

County Extension Staff

County Director _____ Telephone _____

Email _____

Family and Consumer Sciences Agent

_____ Telephone _____

Email _____

ECA Liaison Agent _____ Telephone _____

Email _____

Agriculture Agent(s)

_____ Telephone _____

Email _____

_____ Telephone _____

Email _____

_____ Telephone _____

Email _____

4-H Agent(s) _____ Telephone _____

Email _____

_____ Telephone _____

Email _____

Community Resource
Development Agent _____ Telephone _____

Email _____

Clerical Support _____ Telephone _____

Email _____

