| MECKLENBURG eca MEMBERSHIP APPLICATION | | | | | |
| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name: Click here to enter text. | | | | | |
| First Middle Last | | | | | |
| Current address: Click here to enter text. | | | | | |
| City: Click here to enter text. | | State: Click here to enter text. | | | ZIP Code: Click here to enter text. |
| Telephone: Click here to enter text. | | Email: Click here to enter text. | | | |
| County: Mecklenburg | | | | Club:  Health & Wellness  Establishing Club | |
| Special Interests or Abilities *Please describe your personal and/or professional abilities or interests.* | | | | | |
| Click here to enter text. | | | | | |
| Click here to enter text. | | | | | |
| Click here to enter text. | | | | | |
| membership | | | | | |
| **Eligibility:** Membership is open to any person who supports and advances the objectives and bylaws of ECA, irrespective of color, creed, national origin, race, or sex.  **Membership Dues:** The NC Extension & Community Association requires $10/year membership dues for each ECA member. An additional $10/year membership dues fee is assessed to support activities, materials and supplies for local ECA club meetings. *The total membership dues fee is $20/year*.  **Please note: County dues fee waived for new 2014-2015 members. If you are a new member, the total due is $10.** | | | | | |
| **Please make checks payable to:**  NCECA, INC.  \* Place MECKLENBURG in the note section of your check. | | | **Mail completed application and check to:**  Kristin Davis, ECA Liaison  Mecklenburg Cooperative Extension  1418 Armory Dr., Charlotte, NC 28204 | | |
| **Membership Options** | | | | | |
| **Club** **Member:** An individual who participates in activities at any level of the association/ECA Club. | | | **Member-at-Large:** An individual who is not a member of a local club but enjoys an association with ECA through receipt of educational materials, newsletter and participates in selected  activities without holding office and is without vote. | | |
| Age (optional) | | | | | |
| 18 - 25 | 26 - 35 | | | | 36 - 45 |
| 56 - 65 | 65 and over | | | |  |
| Signature | | | | | |
| Please sign: | | | | | |