



Membership Application

DIRECTIONS: Complete the form and mail it with the appropriate payment. Print and retain a copy for your records.

MEMBERSHIP TERM:

_____ 1 year (\$25) _____ 2 years (\$40) *Renewable September 15.*

MEMBER INFORMATION

Name: _____
(Last) (First) (MI)

Position/Professional Title: _____

College or Organization: _____

Region (circle one): EASTERN CENTRAL WESTERN

Address: _____

City: _____ STATE _____ ZIP _____

Phone: Office () _____ Home () _____

E-mail: _____

GET INVOLVED

_____ Check if you are interested in serving on a committee with us.

PAYMENT

Make checks payable to NC3ADL and mail payment and registration form to:

Dr. Larolyn S. Zylicz
NC3ADL Treasurer
c/o Cape Fear Community College
S-201
411 N. Front St.
Wilmington, NC 28401

For Official use Only:

Membership Term Year: _____

Payment Received: _____

Check Number: _____