

N.C. Association for Public Health Social Workers Year 2006 Membership Application

NAME: _____ Present Position _____

New Member Renewal Number of years you have been a member _____

Home Address _____

Employer & Address _____

Telephone (wk) _____ Fax _____ E Mail _____

Do you wish to receive your correspondence at your: Residence Office

ANNUAL DUES SCHEDULE

Yearly Dues: \$20

TOTAL DUES ENCLOSED: _____

Membership is valid from January 1, 2006 to December 31, 2006

Recruited by: _____

Would you be willing to serve actively on a committee? Yes _____ No _____

Would you be able to attend meetings or would you be better served if we worked via conference calls:

Meetings _____ **Conference Calls** _____

Please make check or money order payable to NCAPHSW and send to:

**Carol Erwin
P.O Drawer 12610
NewBern, NC 28561**