NORTH CAROLINA MIDDLE SCHOOL ASSOCIATION
2011-2012 MEMBERSHIP APPLICATION

Membership Type: ❑**Institutional** ❑ **Individual**

❑**New** ❑**Renewal: Membership #_____**

INSTITUTIONAL MEMBERSHIP:

_____

Name of School, Central Office, System, College or Organization

_____

Building Level Coordinator (person who will receive NCMSA information for distribution)

_____

Address

_____ _____

City, State, Zip Code **Email**

_____ _____ _____

School Phone # **School Fax #** **School System**

INDIVIDUAL MEMBERSHIP:

_____

Name

_____ _____

Position **Telephone #**

_____ _____

Preferred Mailing Address **Fax #**

_____ _____

City, State, Zip Code **E-mail**

_____ _____

School Affiliation (if applicable) **School System (if applicable)**

FEES:

$50.00	Individual	$80.00	Institutional (1-20 teachers)
$25.00	First year teaching in NC	$100.00	Institutional (21-50 teachers)
$25.00	College Student / Retired	$130.00	Institutional (51+ teachers)

Amount Enclosed _____

Payment Method: ☐**Check** ☐**American Express** ☐**MasterCard** ☐**Visa** (***Sorry—No Purchase Orders***)

Card # _____ **Expir. Date** _____ **CCID#** _____ **Signature** _____

Please return completed application to:

NCMSA
PO Box 5216
Pinehurst, NC 28374
(910) 235-3761 Phone (910) 215-5567 FAX
www.ncmsa.net