



STATE AFFILIATE SPONSORSHIP MEMBERSHIP FORM

MAILING INFORMATION

Last Name First Name Middle Initial

Address

City State Zip Code

Home Phone Work Phone Cell Phone

FAX Number Email address

SPONSORSHIP	Platinum	\$500.00	0 votes
DUES	Gold	\$400.00	0 votes
	Silver	\$300.00	0 votes
	Bronze	\$200.00	0 votes

TYPE OF MEMBERSHIP New State Affiliate Sponsorship Renewing State Affiliate Sponsorship

PAYMENT ENCLOSURE Check \$ _____ Cash _____ Other _____

Office Use Only:

Summary Sheet Ref. # _____ Summary Sheet Date ___/___/___ Membership Exp. _____

Amount Paid \$ _____
Payment Type: Cash Check (✓ No. _____) Other _____

Received by: _____ Date Received: ___/___/___



Please make check payable to NCESP and mail to
NCESP, NEA Center for Governance
1201 Sixteenth Street, NW, Suite 813, Washington, DC 20036

Note: Only checks and money orders are acceptable payments through the mail. **Please do not send cash.**
If you have any questions or would like to request another type of membership form, please call the Center for Governance at 202-822-7173.

NCESP STATE AFFILIATE SPONSORSHIP MEMBERSHIP RECEIPT



Affiliate Name: _____ Amount Paid? \$ _____

Payment Type: Cash Check (✓ No. _____) Other _____

Membership Exp. _____

Received by: _____ Date Received: ___/___/___