



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 NCEP and mail to
NCEP, 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.

NCEP STATE AFFILIATE SPONSORSHIP MEMBERSHIP RECEIPT



Affiliate Name: _____ Amount Paid? \$ _____

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

Membership Exp. _____

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