

## **Membership Form**

NAME(1)	-
EMAIL(1)	
NAME(2)	
EMAIL(2)	
If this is a "double" membership, please enter <u>both</u> full names & email addresses. Email addresses are used only for direct administrative contact from NCAS and for receiving even and other NCAS publications and announcements from NCAS.	t notices (Shadow of a Doubt)
STREET:	
CITY, STATE, ZIP:	
DAY PHONE: EVE PHONE:	
Single Membership: (1 year \$30) (2 years \$50) (5 years \$100) (Lifeti	me \$300)
Double Membership: (1 year \$40) (2 years \$65) (5 years \$120) (Lifet	ime \$350)
Student Membership: (1 year \$10)	
A "Double" membership is for two members at the same mailing address, who will obrivileges, but receive one household copy of any printed NCAS publications.	each have full NCAS member
Circle your Membership type: Single, Double, or Student  Students, please name your full-time attendance institution:	
Enter total membership dues payment enclosed \$	
Additional tax-deductible contribution to NCAS \$ Thank you.	
Mail form & check payable to "NCAS", to NCAS, PO Box 8461, Silver Spring, MD 2090	07
Please join the low-volume, no-spam, members-only NCAS-SHARE email discussion www.ncas.org/emailsubscribe.html	list at
NCAS Members will receive NCAS notices to your one or two email addresses above So you do not need to subscribe to the NCAS-Announce email list, which is for non-	

For further information or assistance, contact us at ncas@ncas.org or  $(240)\ 670\text{-}NCAS\ (240\ 670\text{-}6227)$