



MEMBERSHIP FORM

NAME _____

COA _____ COT _____ COMT _____ RN _____ OTHER _____

ADDRESS _____

_____ ZIP _____ COUNTY _____

PRACTICE NAME _____

PRACTICE ADDRESS _____

_____ ZIP _____ COUNTY _____

HOME PHONE(_____) _____ FAX(_____) _____

WORK PHONE(_____) _____ E-MAIL _____

ONE YEAR MEMBERSHIP \$45 JANUARY 1, 2009 - DECEMBER 31, 2009

TWO YEAR MEMBERSHIP \$80 JANUARY 1, 2009 - DECEMBER 31, 2010

PLEASE MAIL CHECK OR MONEY ORDER PAYABLE TO **NCOPSS** TO:
VICKIE UNDERWOOD, COT
6656 BAYLEWOOD DR
GREENSBORO, NC 27406
HOME (336) 674-9148

TO KEEP OUR MEMBERSHIP AND MAILING LISTS CURRENT, PLEASE COMPLETE
THIS FORM AND RETURN WITH FEE AS SOON AS POSSIBLE

FOR TREASURER USE

DATE RECEIVED _____ FEES _____ CARD MAILED _____

THIS FORM MAY BE PHOTOCOPIED
BY/W/ NCOPSS ORG