



NCCSA · North Country Council of Social Agencies, Inc.

Annual “Network Connection” Registration

Payment for January - December 2019

Please Print

Name (individual, organization, corporation): _____

Address: _____

_____ Phone: (____) _____
City State Zip

Web: _____ Email: _____

Individual Membership ___ \$20.00

Organization Membership:

___ \$50.00 (3 members*) ___ \$65.00 (5 members*) ___ \$100.00 (10 members*)

___ \$125.00 (>10 members*)

**Number of paid members = number receiving reduced price for luncheon. Please save a copy of this completed form.*

OFFICE USE:
Membership Year: 2019
Pmt method: _____
Date Rec'vd: _____
___ Membership logged
___ Mailing list database

Please Print

Staff to receive info on programs:

Email:

Please list any program topics that would be beneficial to your staff's skill development or knowledge:

Mail form and check to:

NCCSA

PO Box 6056 · Watertown, NY 13601

www.nccsa.com

Thanks for your feedback!