

NCACA functions in accordance with Federal and North Carolina State Regulations for a non-profit organization.

NCACA 2009 Membership Application

The North Carolina Augmentative and Alternative Communication Association is committed to providing leadership in the promotion of the best possible communication for people of NC with complex communication needs. Critical to our achieving this mission are the partnerships, which we have established with service providers, educators, researchers, manufacturers, state agencies, legislators, persons with complex communication needs and their families. NCACA's purpose is to provide information, training, and support regarding all areas of augmentative communication to interested persons. General activities include charitable, educational, and financial support for augmentative communication users and professionals.

Please print clearly and give your full address **Date** _____

Name _____

Occupation _____ **Organization** _____

Mailing Address _____
Number & Street City State & Zip

Home phone (____) _____ **Business phone** (____) _____ **Fax** (____) _____

E-mail _____

Membership

____ Family member/Consumer ____ Student (full time) ____ Professional

Do we have permission to print this information in our Membership Directory? Yes ____ No ____

Referred by: _____ I am interested in serving on the following committee(s):

____ Education	____ Publicity
____ Long Range Planning	____ Becoming a mentor for my area
____ Conference	____ Programs
____ Membership	____ Newsletter
____ Family/Consumer	

Annual Membership Fee: **\$25.00 for individuals/groups** (professionals, families, students, agencies, organizations). Memberships run January-December.:

Please return this application and your check made payable to

Mail to: NCACA Membership Chair

Address: Elizabeth Motteler
301 Old Sawmill Road
Blounts Creek, N.C. 27814