



# NLACP Membership Request, Annual Membership Renewal

PLEASE COMPLETE THIS FORM ONLINE OR MAIL TO THE ADDRESS BELOW

PO Box 28017  
48 Kenmount Road  
St. John's, NL  
A1B 4J8

[membership@nlacp.com](mailto:membership@nlacp.com)

## CONTACT INFORMATION (where the NLACP can contact you)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_ Preferred Email: \_\_\_\_\_  
City and Province: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Employer: \_\_\_\_\_

## Job Description:

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## MEMBERSHIP CATEGORIES AND FEES

Place an "X" in the appropriate box to indicate whether you are requesting or renewing a membership.

New  Renew  Membership Expiry Date: March 31<sup>st</sup> 2010

Place an "X" in the appropriate box to indicate the category of membership you are requesting or renewing.

Practitioner \$75  Associate \$50  Student \$25  Ex- Patriot \$35

The information you include below will be printed in the NLACP directory.

I wish to be EXCLUDED from the directory.  INCLUDE information in the directory as follows:

Name: \_\_\_\_\_ Business Address: \_\_\_\_\_  
Position: \_\_\_\_\_ City & Province: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- Office Use Only -

Application Assessed By:	Date Assessed:
Assessment Results:	Membership Category:



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### VOLUNTEER INTERESTS

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Place an "X" in the boxes beside NLACP activities for which you would like to volunteer:

Communications (E-News, Website)  
Membership (Membership Drive, Benefits)  
NLACP Event Planning

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Communications (Press, Advertising, Promotion)  
Professional Development  
Other

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Thank You!</b>
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