



NCAC
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Membership Form

Enclosed is my **Annual Membership Fee** of \$50.00

Please make checks

Enclosed is my **Two-Year Membership Fee** of \$95.00

Payable to **NCAC**

or pay online at:

<https://www.nepa-alliance.org/ncac/>

Please complete or attach your business card:

Organization: _____

Contact Person #1: _____

Title: _____ **E-mail:** _____

Contact Person #2: _____

Title: _____ **E-mail:** _____

Address: _____

City: _____ **State:** _____ **County:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____

Website: _____

Our organization is a: (Please check one)

Nonprofit Unincorporated group Government College/University

Grantmaker nonprofit Grantmaker for profit Consultant Other: _____

The counties we serve are: (Please check all that apply)

Bradford Carbon Columbia Lackawanna Lehigh

Luzerne Lycoming Monroe Northampton Pike

Schuylkill Sullivan Susquehanna Tioga Wayne

Wyoming Statewide Other: _____

Please indicate two relevant sectors that best represent your organization's mission. (Please enter 1 or 2 before the appropriate sector)

___ Arts & Culture ___ Children & Youth ___ Community Development

___ Education ___ Environment/Animal Welfare ___ Health & Human Services

___ Religious/Faith Based ___ Scientific/Research Development ___ Senior Services

___ Veterans Other: _____