



Chairman **Vice Chairman** **Secretary** **Treasurer** **Asst. Treasurer** **Comms. Director**
David Sawyer Michele Nix Lynette Ramsey Cornelia Groce Marilyn Avila Stephanie Broughton

District & County Officer's Association 2023 Membership Form

Type of membership: Regular Associate

Regular membership is open to past & present County, District, or DCOA Officers; Associate - all others

Name: _____

Address: _____

Occupation: _____ Street _____ City _____ Zip _____
Employer: _____

If retired, please provide last job title & employer, NCSBE does not accept "retired."

Email Address (required): _____

Home Phone: _____ Cell Phone: _____

District: _____ County: _____ Party Position(s): _____

Dues are \$10 per calendar year. Please attach a check made payable to DCOA and mail this form to: **Cornelia Groce, 300 Carolina Circle, Winston-Salem, NC 27104**

I would like to serve in the following ways (please check all that apply):

- Recruit Trainers
- Help coordinate training events in my county or district
- Become a trainer

What topic(s) would you like to teach? _____

Please list your special skills, experience, or knowledge, which might be of use to the organization: _____

Individual Membership Dues - \$10 per year \$ _____

Total enclosed: \$ _____

Signature: _____ Date: _____