



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

District / County Officer's Association Membership Form 2022

Type of membership: Regular ___ Associate ___
(Regular Membership is open to Past and Present County, District, or DCOA Officers; Associate - All Others)

Name _____
Address _____ City _____ Zip _____
Occupation _____ Employer _____
Email Address (required) _____
Telephone Number - Home: _____ Cell: _____
County: _____ Position: _____

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 \$ _____

Signed: _____ Date: _____

Please print this page and return with your check payable to DCOA
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