



Individual NDACP Membership 2015

YOU CAN CONTINUE TO HELP! JOIN NDACP

Please consider membership in this dynamic and growing organization for the sake of the people we serve.

- Yes, I want to join the advocacy efforts of NDACP and I am an employee of an NDACP Member. Enclosed is my check for \$10 payable to NDACP.
- No, I do not want to join now, but have enclosed a contribution of \$_____ to help the Mission of NDACP.

(Please Print)

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I wish to be added to the e-mail legislative update list.

E-mail Address _____

MEMBERSHIP INFORMATION SHOULD BE SENT TO:

Make check payable to: North Dakota Association of Community Providers - NDACP

Please send check and completed form(s) to:

Barbara Murry, NDACP, PO Box 7037, Bismarck, ND, 58507-7037

Memberships run through December 31, 2015.