



Membership Application

Check one: *New Membership* *Renewal Membership*

Name: _____

Title: _____

County/Office: _____

Office Telephone: _____

Address: _____

City, State & Zip Code: _____

Telephone: _____

Fax: _____

E-Mail _____

***Membership is from January through December
\$10 per person
Make your check payable to: NC Child Support Council***

***Mail your check with this form to:
NC Child Support Council
PO Box 20421
Raleigh, NC 27619***

Membership is available to any person or agency interested in improving Child Support Enforcement Programs in North Carolina.

***The Child Support Council is comprised of many dedicated individuals, including:
Judges;
Private citizens that have an interest in child support;
Child Support Agents;
Clerk of Courts;
Sheriff Departments;
Attorneys;
Legislators; and
Companies that cater to the child support program.***