



## NCECA Affiliation Application

Name of Organization:

Today's Date:

Address:

Apt/Suite #:

City:

State:

Postal Code:

Country:

Leader of Organization:

Email:

Is the organization a registered 501 c-3? (select one)

Do you have a board of directors? (select one)

If you answered yes, to the question above, is your board of directors aware and in support of this affiliation request? (select one)

Brief Description of Organization:

Duration of Desired Affiliation: (can be ongoing) \_\_\_\_\_

Please list two organizational references that NCECA may contact. Please include an email address and phone number for each reference:

Reference 1:

Reference 2:

NCECA is not a funding agency. If your affiliation project requires fiscal resources, how are you situated to meet its needs?

What resources and or opportunities do you hope to realize through an affiliation with NCECA? Please be as specific as possible.

How will your proposed affiliation help NCECA advance its organizational and/or strategic plan goals and objectives?

NCECA prefers that affiliate organizations maintain an institutional membership in NCECA. Are you currently an organizational member? (select one)

If you answered no to the above question, are you prepared to establish and sustain an institutional membership in NCECA? (select one)