



**NORTH CAROLINA COUNCIL OF  
EDUCATIONAL OPPORTUNITY PROGRAMS  
(NCCEOP) TAX ID# 56-2221815**

**MEMBERSHIP FORM  
Fiscal Year 10-1-2016 through 9-30-2017**

\_\_\_Renewal      \_\_\_First-time member

Amount Due on or before **10-31-2016...\$50/** After **10-31-2016...\$80**

**\*\*\*PLEASE PRINT LEGIBLY & COMPLETE THE ENTIRE FORM\*\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Program: \_\_\_\_\_

Institution/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Time in TRIO as of Sept. 30, 2016: \_\_\_\_\_ years \_\_\_\_\_ months      Trio Alumni

Date started in TRIO      **Year** \_\_\_\_\_ **Month** \_\_\_\_\_

Does your program currently have an organized TRIO alumni organization?       Yes       No

If Yes, is it currently in operation?       Yes       No

Membership fees must be paid before or with conference registration fees in order to receive member rates for Fall Conference. **(Receipt will be sent when payment is received.)**

**Send Payment or purchase order to:**

**Pamela Cofield - NCCEOP Membership Chair**  
**Saint Augustine's University**  
**PO Box 2042**  
**Rocky Mount, NC 27802**  
**252-446-1921 ext 227/office**  
**252-446-5936/fax**

(Please retain a photocopy of this completed form for your records)

**IMPORTANT NOTE: To be current for all SAEOPP purposes, you MUST submit this form along with payment of your NCCEOP dues (or a valid signed institutional purchase order) to the NCCEOP Membership Chair by October 31, 2016. Thank you!**

**PLEASE DO NOT send your SAEOPP dues to the address above!!!**