



# NCBC Membership/Renewal Application

Name \_\_\_\_\_

Check if renewal (if your address is correct, there's no need to include it here)

Home Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone Number (Please include area code) \_\_\_\_\_

Office Telephone Number (Please include area code) \_\_\_\_\_

e-mail address for receipt of IMPACT (home preferred) \_\_\_\_\_

Court District/Division \_\_\_\_\_

Position in Court/Duty Station \_\_\_\_\_

### Membership Types and Fees

Select the membership category appropriate for you. Enter the number of years for which you wish to join. Multiply the number of years by the appropriate dues amount. Enter your total in the far right blank.

|                             |                 |            |
|-----------------------------|-----------------|------------|
| Clerk of Court.....         | \$50.00 x _____ | = \$ _____ |
| Clerks' Office Staff .....  | \$15.00 x _____ | = \$ _____ |
| Bankruptcy Judge .....      | \$15.00 x _____ | = \$ _____ |
| Member Emeritus .....       | \$15.00 x _____ | = \$ _____ |
| Associate Member            |                 |            |
| (all other categories)..... | \$15.00 x _____ | = \$ _____ |

Firm/Company Name \_\_\_\_\_

|  |   |
|--|---|
| <p>Do you want a membership certificate?</p> | <p><input type="checkbox"/> Yes, please send me one</p> <p><input type="checkbox"/> Yes, please email me one</p> <p><input type="checkbox"/> No thanks, save the postage!</p> |
|--|---|

TOTAL AMOUNT OF ENCLOSED CHECK.....\$ \_\_\_\_\_

*Please Complete and Mail with your Payment to:*

NCBC Business Manager:  
 Celia Strickler  
 313 8th Ave E.  
 Palmetto, FL 34221