



MEMBERSHIP APPLICATION

Name: _____

Firm: _____

Address: _____

Telephone: _____

Email: _____

Please complete this form and mail it, along with a check for annual dues of \$250.00* payable to the North Carolina Creditors Bar Association, Inc., to:

NCCBA Treasurer
4601 Six Forks Road
Suite 400
Raleigh, NC 27609

Certification: The undersigned hereby certifies that he/she

- a. is licensed and in good standing to practice law in the State of North Carolina;
- b. currently devotes a minimum of 25% of his/her practice to representation of creditors; and
- c. pledges to support the attached Purpose and Basic Policies of the Association.

Signature: _____

Date: _____

NC State Bar Number: _____

The NCCBA would appreciate additional support for the association's legislative/lobbying efforts.*

Yes, I would like to further support NCCBA legislative efforts!

Please also find my check in the amount of \$_____ enclosed.

* The NCCBA lobbies and advocates for legislation. Contributions and dues are not tax deductible by the member / contributor.