



2018 Membership Form

The Extension and Research
Support Staff Association

Name: _____

Title: _____

Office Address: _____

Email Address: _____

Office Phone: _____

Office Fax: _____

Name of University, Organization or
Institution: _____

Support Staff Association's Name
(if available): _____

Number of Years in Association: _____

Leadership Roles Held:

Complete all that apply:

Extension _____

Research _____

Parish _____

County _____

Area _____

District _____

Region _____

State _____

Campus _____

Check Membership Type:

New: \$10 _____

Renewal: \$10 _____

Retiree: \$10 _____

Signature: _____

Date: _____

I have read the constitution and bylaws on the TERSSA web site: <http://terssa2008.wixsite.com/terssa>

Make check payable to: **TERSSA (The Extension and Research Support Staff Association)**

Write on the back of your check **"For Deposit Only."**

Mail payment and form by **May 31th, 2018** to:

Anita Wright

N.C. A&T State University

Cooperative Extension

PO Box 21928

Greensboro, NC 27420

Membership year runs from January 1st to December 31st.