



**North Carolina Association  
for Educational Communications  
and Technology**

## **Membership Application**

**NOTE: Membership for the calendar year is included with conference registration.  
If not attending the conference, membership is necessary to be eligible for  
newsletters, technology grants, scholarships and awards.**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Home Address: Street /PO Box** \_\_\_\_\_  
**City State Zip** \_\_\_\_\_

**School / Organization** \_\_\_\_\_

**Work Address: Street /PO Box** \_\_\_\_\_  
**City State Zip** \_\_\_\_\_

**Mailing preference: (Circle one) Home / Work**

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Send \$15 for calendar year membership**

**Please send application and check, payable to NCAect, to:**

**Jeff Tudor  
1312 Branson Drive  
Graham NC 27253**

**NCAect Use Only: Date:**

**Amount:**

**Valid Thru:**