



## 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 31<sup>th</sup>, 2018** to:

**Anita Wright**

**N.C. A&T State University**

**Cooperative Extension**

**PO Box 21928**

**Greensboro, NC 27420**

**Membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>.**