

ChairmanVice ChairmanSecretaryTreasurerAsst TreasurerCommunications DirectorDavid SawyerMichele NixLynette RamseyCornelia GroceHeather SwiftStephanie Broughton

District / County Officer's Association Membership Form 2024

Name	Type of membership: Regular As (Regular Membership is open to Past and Pre	sociate sent County, District, or DCO	A Officers; Associate -	All Others)
Address		•	,	,
Email Address (required)				Zip
Telephone Number - Home: Cell: County: Position: Dues are \$10 per calendar year. Please attach a check made payable to DCOA and mail this form to: Cornelia Groce, 300 Carolina Circle, Winston-Salem, NC 27104 I would like to serve in the following ways: Please check all that apply: Recruit trainers Help coordinate training events in my county or district Become a trainer What topic(s) would you like to teach? Please list your special skills, experience, or knowledge which might be of use to the organization: Individual Membership Dues - \$10 per year \$	Occupation	Employer		
County:	Email Address (required)			
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Total Enclosed \$				
	Individual Membership Dues - \$10 pe	r year		\$
Signed: Date:	Total Enclosed			\$
	Signed:	Date:		

Please print this page and return with your check payable to <u>DCOA</u> Mail to: Cornelia Groce, 300 Carolina Circle, Winston-Salem, NC 27104