



**Chairman** *David Sawyer*    **Vice Chairman** *Michele Nix*    **Secretary** *Lynette Ramsey*    **Treasurer** *Cornelia Groce*    **Asst Treasurer** *Heather Swift*    **Communications Director** *Stephanie Broughton*

## District / County Officer's Association Membership Form 2024

Type of membership: Regular \_\_\_ Associate \_\_\_  
(Regular Membership is open to Past and Present County, District, or DCOA Officers; Associate - All Others)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Email Address (required) \_\_\_\_\_

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 \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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