Affiliate Organization Renewal Form

Name of Affiliate: ________________________________ Date: ______________

Mailing Address (* to receive NCWF Journal):
______________________________________________________________________

Name of point of contact: ___________________________ Email ____________________________

Group Website ___________________________ Group Newsletter? Yes O No O

<table>
<thead>
<tr>
<th>Name</th>
<th>Mailing Address</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vice Pres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treasurer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of members in your group __________

Less than 100 members, annual affiliation dues of $50
100 to 200 members, annual affiliation dues of $100
200+ members, annual affiliation dues of $150

Group meets (frequency) ______ on (usual date or days of month) ________________________

Group year runs from ____________ to _____________

Please confirm your groups interests below:

Land use and environmental quality? Yes ____ No ____
Conservation of wildlife and habitat enhancement? Yes ____ No ____
Conservation of fisheries and habitat enhancement? Yes ____ No ____
Conservation and wildlife education and programs? Yes ____ No ____
Is your group interest limited to a specific theme? Yes ____ No ____
If so, what theme? (you may use the back of the form to elaborate if needed)
__________________________________________________________________________
__________________________________________________________________________

Please list other groups with which your group is affiliated _________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Mail to:
NCWF Affiliate Processing
P.O. Box 10626
Raleigh, NC 27605

Signature of authorized representative
__________________________________________________________________________

This area for NCWF use only
NCWF District Number _____ Group Number ______