



NORTH CAROLINA CAUCUS OF BLACK SCHOOL BOARD MEMBERS MEMBERSHIP DUES INVOICE

DATE: _____

FOR: *Membership Dues*

Bill To: Board Member

Name: _____

Address: _____

School District: _____

Email: _____

Phone: _____ Fax: _____

DESCRIPTION	AMOUNT
Membership Dues <i>Invoice for annual membership dues. Fiscal year July 1 to June 30th.</i> <i>\$75 per year per member</i>	\$75.00
TOTAL	\$ 75.00

Make all checks payable to:

NCCBSBM

Attn: Evelyn Wilson, Treasurer

1809 Stancil Drive

Rocky Mount, NC 27801-3034

*Note: Membership dues are accepted as an approved NCSBA expense
and should be presented to your district for payment or re-imbursement.*