

Membership Application

Standard / Student / Transitional / Premium

First Name: _____ Last Name: _____

Preferred Nickname: _____ Birth date (optional): _____

Primary Phone: _____ Fax: _____

Work Phone: _____ Ext: _____ Studio Phone: _____

Organization/Employer/Studio Name: _____

Address (Home Business): _____ Apt or Suite #: _____

City: _____ State: _____ Postal Code: _____ Country: _____

E-mail: _____

Website: _____

Membership Types (Please circle one)

Standard.....\$55 (U.S.) / \$65 (*International)

Student, Transitional, and Standard Benefits Include:

- Access to web-based Member Directory
- Discounts on ceramic materials, supplies, shipping
- Discounts on travel/lodging; health and auto insurance
- Discounts on registration for nceca conference, symposia and workshops offered by select member organizations
- 20% discount on nceca merchandise and publications
- Member pricing on nceca Exhibitions Entries
- Complimentary annual nceca Journal

Student.....\$25 (U.S.) / \$30 (*International)

**Students must provide an e-mail or document from an official at their school verifying full-time student status to office@nceca.net.*

Transitional.....\$40 (U.S.) / \$45 (*International)

**Only recent student members who have separated from school can take advantage of this membership for a two year period.*

** International pricing reflects a modest price increase that helps cover a portion of mailing costs.*

Premium.....\$150

Premium Benefits Include:

- Standard Membership Benefits plus:
 - Part of the resource web directory on the nceca website with a 'Live Link' to your website
 - Priority event registration
 - Hotel block advanced notice

How did you hear about nceca?

(Check all that apply)

- Past Member
 NCECA Poster
 NCECA Website
 Referred by member
 News/Publication
 Regional Event
 Teacher/Professor
 Facebook/Twitter
 Previous Conference Attendee
 Other _____

PAYMENT METHOD: (Select One)

TOTAL PAYMENT \$ _____

Credit Card: Visa MasterCard Amex Discover #: _____

EXPIRATION DATE: ____/____ (Please Print name as it appears on Card): _____

Signature: _____ Billing Address: _____

Money Order _____ City _____ State _____ Zip _____

Check # _____ (Checks payable to NCECA must be drawn on a US bank.)

Money Orders must be in U.S. dollars. (Returned Checks will incur a \$25 processing fee.)

Mail completed form with payment to:

nceca, Department M

Phone: 303-828-2811

P.O. Box 777

Toll free: 866-266-2322

Website: www.nceca.net

Erie, CO 80516-0777