

**Guilford Coalition on Adolescent Pregnancy Prevention (GCAPP)
Membership Application Form**

Individual Membership		Organizational Membership			Teen/Student Membership		Donate
Provides membership benefits for one individual.		Provides annual membership benefits for up to three individuals. Select dues based on annual operating expenses below:			Provides membership benefits for one student.		Non-profit status permits tax deductible donations.
___	1 Year (\$35)	___	Less than \$100,000	\$50/year	___	1 Year (\$10)	\$_____
___	2 Years (\$65)	___	\$100,000-\$299,000	\$75/year	___	Age 13-18 (free)	
___	3 Years (\$90)	___	\$300,000-up	\$100/year			

___New ___Renewal ___Information Change _____DATE

Contact Information

Note: For organization memberships, please provide information for one key individual to whom all GCAPP correspondence will be directed.

Name(First):				(Last):			
Title:							
Organization:					Dept/Program:		
Mailing Address:							
City:				State:		Zip:	
Telephone:		Fax:		E-Mail:			
Website:							

List up to two other contacts with this organization to be included in the membership:

- 1)
- 2)

Please mail completed form and payment to:
**SELF HELP CENTER
 ATTN: GCAPP COORDINATOR
 SUITE 809
 122 N. ELM STREET
 GREENSBORO, NC 27401**