



2021 MEMBERSHIP FORM

CIRCLE ONE: **NEW RENEWAL**

MEMBER PLUS—\$250

BENEFACTOR benefits PLUS recognition in printed CNTA materials and at events.

BENEFACTOR—\$125.00

Members receive one Teller Lecture banquet ticket, one ticket to the private Speaker's Reception, invitations to all events, quarterly newsletters and free members' mixers.

PATRON —\$70.00

Members receive invitations to all events, quarterly newsletters and free members' mixers.

SUSTAINING —\$35.00

Members receive invitations to all events, quarterly newsletters and free members' mixers.

Young Professional (Under 40) & Student FREE Membership!

Same as Sustaining. Free membership for one year! (Can be renewed)
Sign up to be a YP Committee Member →

Your support makes all the difference! Help us continue to be the Voice of Truth on Nuclear Matters!

NAME:	
EMPLOYER:	
HOME ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE/CELL #:	
EMAIL ADDRESSES: (YOU CAN HAVE NOTICES SENT TO HOME AND/OR WORK)	
	Email is our main means of communication! Be sure to include us on your change of address list if you make any
REFERRED BY: (Name & email address if known)	

VOLUNTEER OPPORTUNITIES: We are seeking volunteers to serve on our committees. If interested, please mark below which committee you are willing to volunteer for:

COMMUNICATIONS: _____ EDUCATION: _____

YOUNG PROFESSIONALS: _____ TEACHER WORKSHOPS: _____

GOLF COMMITTEE: _____ GOLF TOURNAMENT: _____

MEMBERSHIP: _____ SPEAKER'S BUREAU : _____

ENDOWMENT FUND: I would like additional information on how to gift to the CNTA Endowment Fund _____.

We are a Non-Profit 501 (c)3 organization, Federal Tax I.D. #57-0953103;
Dues and donations are tax deductible based on IRS guidelines

To Pay by Check or Cash: Mail to address listed below.
To Pay by Credit Card: Pay online at our website, or complete the form below then email this form to us at cnta@bellsouth.net.
(financial information will be stored and destroyed appropriately)

CNTA, 1204 Whiskey Road, Suite B, Aiken SC 29803
Phone: 803-649-3456; Email: office@cntaware.org Website: www.cntaware.org

For Internal Use Only: Date received: _____ Amount _____ Check # _____ Credit Card Charge: _____ (Yes/No)

IF PAYING BY CREDIT CARD (we add a \$2 card processing fee):

Name on Card: _____ Billing Zip Code: _____ Amount to Charge: _____ Today's Date: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

I hereby Authorize CNTA to Charge my card for the amount listed above (Sign here) _____

Note- Receipts emailed! If you want it to a different address, please provide here: _____