

ALLIANCE INFORMATION FORM

Alliance Information

Alliance Name: _____

Main Alliance Contact Information:

First & Last Name: _____

Title: _____

Institution: _____

Alliance Address Line 1: _____

Alliance Address Line 2: _____

*City, State/Province: _____

*Zip/Postal Code: _____

Official Alliance Contact Information

The following information provided will be used by NCGE when connecting members to your alliance.

Official Alliance Name: _____

Official Alliance Web-Site Address: _____

Official Alliance E-Mail Address: _____

Official Alliance Phone Number: _____

Alliance Coordinator 1: _____

Alliance Coordinator 2: _____

Main NCGE Contact: _____

Complimentary Membership for Alliance Coordinators

Your alliance membership includes complimentary memberships for your alliance coordinators. Please complete the information below to receive your membership. Even if you are a current member please complete the following. The address listed here is where you would like your journals sent.

Alliance Coordinator One

Name: _____

E-mail: _____

Phone: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Alliance Coordinator Two

Name: _____

E-mail: _____

Phone: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Complimentary Membership for Alliance Support Staff

An Alliance membership includes complimentary NCGE memberships for up to five (5) Alliance support staff. These members do NOT have to be employees to receive the complimentary membership. Complimentary memberships are good for one (1) calendar year. An Alliance can renew or change these memberships only when renewing Alliance membership. NCGE Membership is non-transferable.

Please list your complimentary members below.

Complimentary Member One

Name: _____

E-mail: _____

Phone: _____

Complimentary Member Two

Name: _____

E-mail: _____

Phone: _____

Complimentary Member Three

Name: _____

E-mail: _____

Phone: _____

Complimentary Member Four

Name: _____

E-mail: _____

Phone: _____

Complimentary Member Five

Name: _____

E-mail: _____

Phone: _____

Membership questions can be directed to NCGE Membership BA@ncge.org • Coordinator EU@ncge.org