



NCSEA Membership Application
"Shaping the Future of Child Support"

Name (Primary Contact) _____

Title _____

Agency/Organization _____

Agency Director (if not primary contact) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Number of full time employees (for agency memberships) _____ (required)

Membership Type (*select one*):

- _____ **Individual** \$125.00

- _____ **Corporate Member*** **a)** Champion \$5000 (Member benefits to 6 employees)
- b)** Collaborating \$2,500 (Member benefits to 4 employees)
- c)** Sustaining \$1,000 (Member benefits to 2 employees)

- _____ **Nonprofit** \$375.00

State-Managed, Tribal, Local, Privately-Managed, International IV-D or Affiliated Governmental Agency

Classification	Criteria	Annual Dues
Class I	>3,500 FTEs	\$4,000 + \$2.50 per FTE over 3,500
Class II	2,501-3,500 FTEs	\$4,000
Class III	1,501-2500 FTEs	\$3,500
Class IV	751-1,500 FTEs	\$3,000
Class V	501-750 FTEs	\$2,400
Class VI	251-500 FTEs	\$1,800
Class VII	101-250 FTEs	\$1,200
Class VIII	51-100 FTEs	\$600
Class IX	<50 FTEs	\$300

PAYMENT METHOD (select one): Check # _____ AMEX VISA MC

Card # _____ Expiration _____ CVV _____

Name on Card _____ Signature _____

Remit Payment to:

AnnMarieRuskin@ncsea.org or mail to:

NCSEA
Attn: Membership
7918 Jones Branch Drive Suite 300
McLean, VA 22102

* Contact NCSEA for Corporate Partner information

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