



**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:

customerservice@ncsea.org or mail to:

NCSEA
 Attn: Membership
 1660 International Drive
 Suite 600
 McLean, VA 22102

* Contact NCSEA for Corporate Partner information

Rev. February 2024