



North Carolina Caucus of Black School Board Members Dues Invoice

DATE: _____

FOR: *Membership Dues*

Bill To: Board Member

Name: _____

Address: _____

School District: _____

Email: _____

Phone: _____ Fax: _____

DESCRIPTION	AMOUNT
Membership Dues <i>Invoice for annual membership dues. Fiscal year July 1 to June 30th. \$125 per year per member</i>	\$125.00
TOTAL	\$ 125.00

Make all checks payable to:

NCCBSBM

Attn: Rev. Dr. Marjorie Edwards, Treasurer
3961 NC Highway 35
Conway, NC 27820

Note: Membership dues are accepted as an approved NCSBA expense and should be presented to your district for payment or re-imbusement.