



## New Member Form

According to the Bylaws of the National Coalition of STD Directors (NCS D), each Project Area directly funded by the Centers for Disease Control through a cooperative agreement for STD prevention activities is eligible for membership in NCS D. Each Project Area is entitled to one vote in NCS D and to name one Full Member to represent the Project Area and to carry its vote. The Full Member should be the person primarily responsible for directing the jurisdiction's STD prevention program. The Full Member of each project area may designate additional "Associate Members." Associate membership is open to any person from any STD program within the Full Member's jurisdiction or from any STD related organization. *Federal employees may be named as Full or Associate Members.* Please complete this form for your project area and return it to: National Coalition of STD Directors, 1275 K Street NW, Suite 1000, Washington, D.C. 20005. Telephone: 202-842-4660, **Fax: 202-842-4542.** Please feel free to photocopy this form as needed.

**Project Area:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Program/Department:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address Line 1:** \_\_\_\_\_

**Address Line 2:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*(Check one)*

**Full Member**

**Associate Member (\*signature required below)**

*\*The Full Member of the Project Area must approve appointment of any Associate Members within the jurisdiction.*

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*Signature of Full Member*

*Date*