

**SOUTHERN REGIONAL AREA HEALTH EDUCATION CENTER
COMMUNITY TRAINING CENTER**

Application for Membership

Name _____

Instructor ID (Last 4 of Social Security Number) _____

Work Address _____
Employer _____

Street City Zip County

Telephone (W) _____ (H) _____

Home Address _____
Street _____

City State Zip County

e-mail address: _____

I am an AHA Instructor for the following: (check all that apply)

- BCLS Instructor ACLS Instructor PALS Instructor
- BCLS Instructor Trainer ACLS Regional Faculty PALS Regional Faculty
- BCLS Regional Faculty Available to teach (ok to give name out)

Membership Fee: (Non-Refundable)

_____ **\$35.00 Yearly membership fee**

Please attach a copy of your ***instructor card(s)***, complete form and return with your check payable to "SR AHEC Cashier" and mail to SRAHEC, 1601 Owen Drive, Fayetteville, NC 28304, attention: Andrea Novak. For more information call: 910-678-7216.

Office Use: Check # _____ Date _____ From _____ Amount _____ for: NUCTC01