

**INITIAL NOTICE**  
Membership Renewal Notice

SR-AHEC Training Center  
1601 Owen Drive  
Fayetteville, NC 28304  
Tel.: (910) 678-7286  
Fax: (910) 323-0674



Dear Instructor:

Your membership with SR-AHEC Training Center expires \_\_\_\_\_. The membership fee for this calendar year is \$35. To renew your affiliation with SR-AHEC TC please complete and return the bottom portion of this form with your payment of \$35 no later than **last day of your renewal month**.

A late fee of \$15 will be applied to payments received after the 15<sup>th</sup> of the following month, and late fee of \$50 will be applied to payments received 30 business days or more beyond the renewal date.

If you choose not to renew your membership with SR-AHEC TC, because you no longer are active with teaching ECC programs, please let me know as well. I will place your records on inactive status.

If you choose not to continue as a member of SR-AHEC TC and wish to join another TC, there is a \$10 processing fee to transfer your records to your new TC. The records transfer request form is available on our website; it must be signed and completed by your new TC Coordinator in order to process your transfer request.

If you have any questions, please contact me at (910) 678-7286 or at heather.stewart@sr-ahec.org. I look forward to continuing to work with you to fulfill the ECC mission for North Carolina.

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**SR-AHEC Training Center Membership Renewal Application**

Complete the form below if you have a change of address, phone number, email or employer

AHA Instructor ID: \_\_\_\_\_ (This is a requirement to renew membership with SR-AHEC Training Center)

Name: \_\_\_\_\_ Degrees/Certifications/Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Return this form and payment to: SR-AHEC, Attention: Heather Stewart, 1601 Owen Drive, Fayetteville NC 28304**

\$35 Annual Membership Fee (non-refundable)       Check (payable to SR-AHEC)       Credit Card (Visa/Mastercard)

Mastercard/Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Office Use: Check/Authorization #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_