



INVOICE

RCCA Membership Dues July 1, 2017 - June 30, 2018

Institutional Membership \$695.00

Date: _____

Name of Institution:

Name of President/ VP/ or Designee:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Additional employees to be added to RCCA email listserv:

Name (s)

Email

Please make check payable to RCCA and remit to:

RCCA
c/o Events Your Way
PO Box 237
Whitefield, NH 03598

(580) 481-0249
www.ruralccalliance.org

You can also join on line at the above website

Thank you for your support of RCCA!