NCSEA Membership Application
"Shaping the Future of Child Support"

Agency/Organization_____

Name (Primary Contact) _____

Title_____

Primary Contact Email address_____

Agency Director (if not primary contact) _____

Director Email address: _____

Address_____

City_____**State**_____**Zip Code**_____

Phone_____**Fax**_____**E-mail**_____

Number of full time employees (for agency memberships) _____ **(required)**

Membership Type (*select one*):

_____**Individual** $175.00

_____**Corporate Member*** **a)** Champion $5000 (Member benefits to 6 employees)
b) Collaborating $2,500 (Member benefits to 4 employees)
c) Sustaining $1,000 (Member benefits to 2 employees)

_____**Nonprofit** $450.00

State-Managed, Tribal, Local, Privately-Managed, International IV-D or Affiliated Governmental Agency

	Classification	Criteria	Annual Dues
	Class I	>3,500 FTEs	$4,800 + *$3.00 per FTE over 3,500*
	Class II	2,501-3,500 FTEs	$4,800
	Class III	1,501-2500 FTEs	$4,200
	Class IV	751-1,500 FTEs	$3,600
	Class V	501-750 FTEs	$2,880
	Class VI	251-500 FTEs	$2,160
	Class VII	101-250 FTEs	$1,440
	Class VIII	51-100 FTEs	$720

	Class IX	<50 FTEs	$360

PAYMENT METHOD (select one): Check #_____ AMEX VISA MC

Card #_____ Expiration_____ CVV _____

Name on Card _____Signature_____

Remit membership application and payment to:

customerservice@ncsea.org or mail to:

NCSEA
Attn: Membership
1660 International Drive, Suite 600
McLean, VA 22102

* Contact NCSEA for Corporate Partner information

Rev. March 2025