



CountyLines Annual Subscription Order Form

Name: _____ Date Requested: _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Credit Card Information (circle one): VISA MasterCard

Card No. _____ Exp. Date _____

COST PER SUBSCRIPTION				TOTAL COST including applicable NC Sales Tax	
N.C. County's cost	Non-County Cost	Out-of-State Cost			
FREE To Members	\$20.00	\$20.00		Cost	\$
Sales Tax	N/A	*		NC Sales Tax*	\$
				TOTAL	\$

Order will not be processed unless order form is returned completed and full payment is remitted. (If by check or money order, make payable to NCACC). Send to:

NCACC
215 N. Dawson Street
Raleigh, NC 27603
ATTN: Finance Department

* Please use sales tax applicable in your county

FOR OFFICE USE ONLY:
Amount Remitted \$ _____
Date Paid _____
Method of Payment:
Check # _____
Personal (P) Company (C)
VISA _____ MasterCard _____
Cash \$ _____