



I would like to join NC Care!  
(Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Apt. # (if applicable) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Number (please include area code) \_\_\_\_\_

E-Mail \_\_\_\_\_

Send this form to:

Beth Jacobs  
NC Justice Center  
PO Box 28068  
Raleigh, NC 27611