

SUBMIT ONLY ONE UNIT CHECK OR MONEY ORDER WITH THIS FORM

**North Carolina State Conference of the NAACP
68th ANNUAL STATE CONVENTION**
October 13-15, 2011 · High Point, NC
YOUTH UNIT REGISTRATION FORM
Pre-Registration Deadline - September 20
After September 20 On-Site Registration Only



Please print or type

Check One: Youth Council High School Chapter College Chapter

CONTACT DATA

President: _____

Unit Name: _____ Unit # _____

Address: _____

City, State, Zip: _____

Phone #1: _____ Phone #2: _____

E-mail: _____

SECTION I

PRE-REGISTRATION OFFER <i>Available until September 20, 2011</i>	COST	QTY
Youth Gold Package – Includes- <ul style="list-style-type: none"> • One Registration and one (1) ticket each to the following events: <ul style="list-style-type: none"> ○ Membership Luncheon ○ Freedom Fund Awards Banquet 	\$63.63	
Subtotal SECTION I		

SECTION II

REGISTRATION <i>(List Attendees' Names & Status on Last Page)</i>	COST	QTY
Adult Registration After September 20, 2011 On-site only	\$35	
Advisor Registration After September 20, 2011 On-site only	\$35	
Subtotal SECTION II		

SECTION III

ADDITIONAL TICKETS	COST	QTY	TOTAL
Thursday, October 13			
Soul Food Dinner	\$6.00		
Friday, October 14			
Labor & Industry Breakfast	\$10.00		
Political Action Luncheon	\$12.50		
Saturday, October 15			
Membership Luncheon	\$12.50		
Freedom Fund Awards Banquet	\$22.50		
Subtotal SECTION III			

PAYMENT MUST BE INCLUDED TO COMPLETE REGISTRATION PROCESS

Return registration brochure in entirety

EXCERPT FROM BYLAWS FOR NORTH CAROLINA STATE CONFERENCE OF THE NAACP

ARTICLE III, ORGANIZATIONAL STRUCTURE, 3. Charter Authority and 4. Assessments

Maintaining a ... Charter. College Chapters, Young Adult Chapters, Youth Councils, High School Chapters, Junior Youth Councils shall maintain no fewer than 25 student memberships for two consecutive years; shall pay all annual assessments; and, shall file all annual year-end reports as required by the Association. (Pages 4-7)

State Conference Assessments. Whenever the Unit comes within the jurisdiction of a State Conference, the Unit assessment for support of the State Conference shall be paid into the treasury of the State Conference within sixty (60) calendar days of the annual State Conference Convention. The amount of said assessment shall be determined by the State Conference with the approval of the Board of Directors. Youth Unit assessments shall be paid into the State Conference Youth and College Division Treasury. (Page 7)

The annual assessment for Youth Councils, College Chapters, Young Adult Chapters and High School Chapters is:

1. Youth of the Year--\$250
2. Humanitarian Awards Dinner--\$100 (Page 9)

ARTICLE IX, ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE AND DELEGATES, 1.a. 3. (a), (b)

Representation [Delegates]. Representation shall be on the basis of membership as recorded in the National Office, sixty (60) days prior to the opening date of each Annual Convention.

Each Unit is entitled to the number of alternate delegates equal to the number of voting delegates. Alternate delegates shall be permitted to vote in place of absent delegates. (Page 29)

Registration Process Approved by:

_____ **Unit President's Name (Print)**

_____ **President's Signature**

_____ **Unit Secretary's Name (Print)**

_____ **Secretary's Signature**

_____ **Date**

Add Section I + Section II * + Section III = Grand Total

\$ _____ + \$ _____ + \$ _____ = \$ _____

PAYMENT MUST BE INCLUDED TO COMPLETE REGISTRATION PROCESS

*** Include Section II only for additional registrations OR if not selecting a Gold or Silver Deluxe Package**

Payment Information

SUBMIT ONLY ONE UNIT CHECK OR MONEY ORDER WITH THIS FORM

Mail in Unit Registration Form with Check or Money Order made payable to "NC NAACP"

**NC NAACP - State Convention
Registration Department
P O Box 335
Durham, NC 27702-0335**

Check or Money Order # _____ Amount Enclosed \$ _____

OFFICE USE ONLY:

Returned to Unit for Additional Information _____

Date Entered into Database _____

Date Packet Prepared _____

Date Verification Card Mailed _____

Initials _____

EACH REPRESENTATIVE WILL PICK UP OWN REGISTRATION PACKET

Please list attendees indicating their status, tickets and any special needs and include their e-mail address per person.

NAME Please Print or Type	Delegate	Alternate	Observer	Package Ⓞ for Gold Ⓢ for Silver	Registration Not A Package	Rel. Emphasis	Soul Food Dinner	L&I Breakfast	Political Action Luncheon	Membership Luncheon	Freedom Fund Awards Banquet	Vegetarian	Special Needs *
Sample Name Bob Johnson E-mail: obj@e-mailaccount.net													
Name:													
E-mail:													
Name:													
E-mail:													
Name:													
E-mail:													
Name:													
E-mail:													
Name:													
E-mail:													
Totals													

* PLEASE SPECIFY _____

Interpreter Service

Handicap Assistance Needed

VOTING STRENGTH BASED ON MEMBERSHIP #s

25 - 49 ----- 2 DELEGATES

50-100 ----- 4 DELEGATES

101-500 ----- 6 DELEGATES

501-1,000 ----- 8 DELEGATES

<COPY PAGE AS NEEDED...UNIT NAME _____ UNIT# _____>