



I'd like to get involved in Port Discover!

_____ **I'm interested in helping with Port Discover: Northeastern North Carolina's Center for Hands-On Science, Inc.**

Name: _____

Address: _____

Phone: _____

Email: _____

Volunteer Activities:

___ Educational Outreach

___ Public Relations

___ Facilities Management

___ Fundraising

___ Volunteer at Center

___ Office support

Other: _____

_____ **My organization would like to assist with Port Discover:**

Organization: _____

_____ **I'd like to receive email updates on Port Discover:**

Please return this form to:
Port Discover
613 E. Main Street, Elizabeth City
252-335-3844
lspendergraft@mail.ecsu.edu

Thanks!