

## NORTH CAROLINA VOTER REGISTRATION APPLICATION (fields in red text are required)

2020.02

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Indicate whether you are qualified to vote or preregister to vote based on U.S. citizenship and age.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| Are you a citizen of the United States of America?<br>IF YOU CHECKED "NO" IN RESPONSE TO THIS CITIZENSHIP QUESTION, DO NOT SUBMIT THIS FORM. YOU ARE <u>NOT</u> QUALIFIED TO VOTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |
| Will you be at least 18 years of age on or before election day?<br>Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote?<br>IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE AGE QUESTIONS, DO NOT SUBMIT THIS FORM.<br>YOU ARE <u>NOT</u> QUALIFIED TO REGISTER OR PREREGISTER TO VOTE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2</b> Provide your full legal name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>3</b> Provide your date of birth and identification information.                                                                                                                                                                                                                                                          |                                                                                                                          |
| Last Name <span style="float: right;">Suffix</span><br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Date of Birth (MM/DD/YYYY) <span style="float: right;">State or Country of Birth</span><br><input style="width: 150px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>                   |                                                                                                                          |
| First Name<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | NC Driver License or NC DMV ID Number <span style="float: right;">Last 4 Digits of Social Security Number</span><br><input style="width: 150px;" type="text"/> <span style="float: right;"><input style="width: 50px;" type="text"/></span>                                                                                  |                                                                                                                          |
| Middle Name<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Check if you do not have a driver license or Social Security number. <span style="float: right;">State Voter Registration Number (Optional: To locate, check "Voter Lookup" at <a href="http://www.NCSBE.gov">www.NCSBE.gov</a>.)</span><br><input style="width: 150px;" type="text"/>              |                                                                                                                          |
| <b>4</b> Provide your residential address - where you <u>physically</u> live.<br>Do not enter a P.O. Box or a mail drop location.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> Provide a <u>mailing address</u> .                                                                                                                                                                                                                                                                                  |                                                                                                                          |
| Address Number <span style="float: right;">Street Name and Type</span><br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Do you receive mail at your residential <span style="float: right;">Mailing Address Line 1</span><br><input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input style="width: 100%;" type="text"/></span>                                                                                   |                                                                                                                          |
| Address Line 2 (e.g., apartment, lot or unit number)<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address Line 2<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                          |                                                                                                                          |
| City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span><br><input style="width: 150px;" type="text"/> <span style="float: right;"><input style="width: 50px;" type="text"/></span> <span style="float: right;"><input style="width: 50px;" type="text"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Mailing Address Line 3<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                          |                                                                                                                          |
| County <span style="float: right;">Have you lived at this address for 30 or more days?</span> <span style="float: right;">If "No", date moved?</span><br><input style="width: 100%;" type="text"/> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;"><input style="width: 100%;" type="text"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span><br><input style="width: 150px;" type="text"/> <span style="float: right;"><input style="width: 50px;" type="text"/></span> <span style="float: right;"><input style="width: 50px;" type="text"/></span>                            |                                                                                                                          |
| <b>No Physical Address?</b> If you do not have an address, use the space to the right to illustrate where you normally live or sleep. Write in the names of the nearest crossroads (or streets). Draw an X on the map to show where you live or usually sleep.<br>IMPORTANT: You should also provide a valid mailing address above to permit the board of elections to send you a voter card.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 50%; text-align: right;"> <b>NORTH</b> ↑<br/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| <b>6</b> Provide your demographic information (optional).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>7</b> Provide your choice for political party affiliation.                                                                                                                                                                                                                                                                |                                                                                                                          |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female<br>Ethnicity <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Race <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other                      |                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Democratic Party <input type="checkbox"/> Unaffiliated <input type="checkbox"/> Other<br><input type="checkbox"/> Libertarian Party<br><input type="checkbox"/> Republican Party<br>If you select a party that is not recognized in North Carolina, you will be registered as <i>Unaffiliated</i> . |                                                                                                                          |
| <b>8</b> Complete if you are currently registered to vote in another NC county or in another state.<br>(This information will be used to cancel your previous voter registration in the other county or state.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| First Name Used in Last Registration <span style="float: right;">Middle Name Used in Last Registration</span><br><input style="width: 100%;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Last Name Used in Last Registration <span style="float: right;">Suffix</span><br><input style="width: 100%;" type="text"/> <span style="float: right;"><input style="width: 50px;" type="text"/></span>                                                                                                                      |                                                                                                                          |
| Address Where You Were Last Registered<br><input style="width: 100%;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City/State/Zip Code of Last Registration <span style="float: right;">County of Last Registration</span><br><input style="width: 150px;" type="text"/> <span style="float: right;"><input style="width: 100%;" type="text"/></span>                                                                                           |                                                                                                                          |
| <b>9</b> Provide your contact information (optional).<br>(This information is helpful if we need to contact you concerning your voter registration. Your telephone number may be disclosed as a public record.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| Area Code <span style="float: right;">Phone Number</span><br><input style="width: 50px;" type="text"/> <span style="float: right;"><input style="width: 100px;" type="text"/></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Email Address <span style="float: right;">Would you like to be contacted to be a poll worker?</span><br><input style="width: 150px;" type="text"/> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>                                                                               |                                                                                                                          |
| <b>10</b> Sign below to attest to your qualifications to vote.<br><b>FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that: (1) I am a United States citizen, as indicated above; (2) I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on the day of the general election to vote; I shall have been a resident of North Carolina, this county, and precinct for 30 days <u>before the date of the election</u> in which I intend to vote; (3) I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and (4) I have not been convicted of a felony, or if I have been convicted of a felony, I have completed my sentence, including any probation, post-release supervision or parole OR I am serving an extended term of probation, post-release supervision, or parole, I have outstanding monetary obligations, and I am not aware of other reasons for the extension of my period of supervision. |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| Signature Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Date                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |

## APPLICATION INSTRUCTIONS

Use this application to: (1) register to vote; (2) preregister to vote if between the ages of 16 and 17; (3) change party affiliation or unaffiliated status; (4) report a change of address within a county; or (5) report a name change.

### Specific Instructions for Each Numbered Section of the Application:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | Indicate whether you are qualified to vote or preregister to vote: (1) you must be a citizen of the United States; (2) you must be at least 18 years of age, or you will be 18 years of age by the next general election and you are voting in the primary, or you must be between the ages of 16 or 17 and desire to preregister to vote; (3) you must have resided in North Carolina and in the precinct in which you present to vote for at least 30 days prior to the election; (4) you must not be currently serving a felony sentence, including any probation, post-release supervision, or parole OR you are serving an extended term of probation, post-release supervision, or parole, you have outstanding monetary obligations, and you are not aware of other reasons for the extension of your period of supervision. No special document is required. |
| 2  | Provide your full legal name. If your name has changed, this form will be used to update your current voter registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 3  | You are required to provide your date of birth. If you have a NC driver license or non-operator's identification number, provide this number. If you do not have a NC driver license or ID card, then provide the last four digits of your social security number. If you have neither a NC driver license, NC DMV ID card or a social security number and you are registering to vote for the first time in North Carolina, attach a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address to this application.                                                                                                                                                                                                                                                                 |
| 4  | Provide the address of your residence (where you physically live) as of the date of your application. In this section, do not list a post office address or a location where you <i>only</i> receive mail. If you have moved to this residence within the past 30 days, provide the date of your move. If you do not have a traditional address, draw a picture in the space provided on this form of your usual sleeping location. Be descriptive and note any nearby streets or physical buildings.                                                                                                                                                                                                                                                                                                                                                                |
| 5  | If you do not receive mail at your residential address, you must provide a mailing address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 6  | This section asks for your gender, race, and ethnicity. You are not required to provide this information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 7  | This section asks that you designate how you would like to be affiliated. You may choose to affiliate with any recognized political party in North Carolina or you may opt to be registered as <i>Unaffiliated</i> . If you are applying for new registration in the county and leave the party affiliation section blank, you will be registered as <i>Unaffiliated</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 8  | If you are currently registered in another North Carolina county or another state, please provide your name and previous address used on that prior registration. This information will be used to cancel your registration in the other county or state.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 9  | At your option, provide your phone number and email address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10 | You must sign this form. Only the person applying for registration is eligible to sign (or place your mark on) this form. If you are applying for new registration in your county of residence, you must mail your original signature on this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**National Voter Registration Act Statement:** If you are submitting this application to an NVRA agency or the North Carolina Division of Motor Vehicles, the location or office where you submitted the application will remain confidential and will be used only for voter registration purposes. Public assistance agencies, disability services agencies, the North Carolina Division of Motor Vehicles, and unemployment services agencies must offer you the opportunity to register to vote at the initial application for service of assistance and during any recertification, renewal or change of address. If you decline to register to vote, the fact that you so declined will also remain confidential. If you would like help completing the voter registration application, the agency will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private and return it to the agency that provided you the form or you may mail or deliver the form to your county board of elections office. Applying to register or declining to register to vote will not affect the amount of assistance provided. If you believe that someone has interfered with your right to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the NC State Board of Elections, P.O. Box 27255, Raleigh NC 27611-7255 or you may call the agency at 1-866-522-4723.

**Submitting Your Form:** You must mail or deliver this application in-person with your original signature if you are registering to vote for the first time in your county of residence. If you are changing your name, address or party affiliation within your current county of registration, in addition to mail, you may also fax or email a scanned image of your signed application. If you give your signed application to another person or organization to submit on your behalf, be sure the person or organization can commit to timely submitting your application to the proper board of elections.

**Voters are not currently required to provide photo ID.** Federal and state courts have temporarily blocked North Carolina's voter photo ID requirement from taking effect until further order of the courts.

Submit this form to:  
**NC State Board of Elections**  
**P.O. Box 27255**  
**Raleigh, NC 27611-7255**  
or to your County Board of Elections Office

# MAILING ADDRESSES OF COUNTY BOARD OFFICES

**ALAMANCE**  
115 SOUTH MAPLE ST  
GRAHAM, NC 27253  
☎ (336) 570-6755

**ALEXANDER**  
PO BOX 326  
TAYLORSVILLE, NC 28681  
☎ (828) 632-2990

**ALLEGHANY**  
PO BOX 65  
SPARTA, NC 28675  
☎ (336) 372-4557

**ANSON**  
PO BOX 768  
WADESBORO, NC 28170  
☎ (704) 994-3223

**ASHE**  
150 GOVERNMENT CIR, STE 2100  
JEFFERSON, NC 28640  
☎ (316) 846-5570

**AVERY**  
PO BOX 145  
NEWLAND, NC 28657  
☎ (828) 733-8282

**BEAUFORT**  
PO BOX 1016  
WASHINGTON, NC 27889  
☎ (252) 946-2321

**BERTIE**  
PO BOX 312  
WINDSOR, NC 27983  
☎ (252) 794-5306

**BLADEN**  
PO BOX 512  
ELIZABETHTOWN, NC 28337  
☎ (910) 862-6951

**BRUNSWICK**  
PO BOX 2  
BOLIVIA, NC 28422  
☎ (910) 253-2620

**BUNCOMBE**  
PO BOX 7468  
ASHEVILLE, NC 28802  
☎ (828) 250-4200

**BURKE**  
PO BOX 798  
MORGANTON, NC 28680-0798  
☎ (828) 764-9010

**CABARRUS**  
PO BOX 1315  
CONCORD, NC 28026-1315  
☎ (704) 920-2860

**CALDWELL**  
PO BOX 564  
LENOIR, NC 28645  
☎ (828) 757-1326

**CAMDEN**  
PO BOX 206  
CAMDEN, NC 27921-0206  
☎ (252) 338-5530

**CARTERET**  
1702 LIVE OAK ST, STE 200  
BEAUFORT, NC 28516-1898  
☎ (252) 728-8460

**CASWELL**  
PO BOX 698  
YANCEYVILLE, NC 27379  
☎ (336) 694-4010

**CATAWBA**  
PO BOX 132  
NEWTON, NC 28658-0389  
☎ (828) 464-2424

**CHATHAM**  
PO BOX 111  
PITTSBORO, NC 27312  
☎ (919) 545-8500

**CHEROKEE**  
40 PEACHTREE ST  
MURPHY, NC 28906  
☎ (828) 837-6670

**CHOWAN**  
PO BOX 133  
EDENTON, NC 27932  
☎ (252) 482-4010

**CLAY**  
54 CHURCH ST  
HAYESVILLE, NC 28904  
☎ (828) 389-6812

**CLEVELAND**  
PO BOX 1299  
SHELBY, NC 28151-1299  
☎ (704) 484-4858

**COLUMBUS**  
PO BOX 37  
WHITEVILLE, NC 28472  
☎ (910) 640-6609

**Craven**  
406 Craven St  
New Bern, NC 28560  
☎ (252) 636-6610

**CUMBERLAND**  
227 FOUNTAINHEAD LN, STE 101  
FAYETTEVILLE, NC 28301  
☎ (910) 678-7733

**CURRITUCK**  
PO BOX 177  
CURRITUCK, NC 27929  
☎ (252) 232-2525

**DARE**  
PO BOX 1000  
MANTEO, NC 27954  
☎ (252) 475-5631

**DAVIDSON**  
PO BOX 1084  
LEXINGTON, NC 27293-1084  
☎ (336) 242-2190

**DAVIE**  
161 POPLAR ST, STE 102  
MOCKSVILLE, NC 27028-2225  
☎ (336) 753-6072

**DUPLIN**  
PO BOX 975  
KENANSVILLE, NC 28349  
☎ (910) 296-2170

**DURHAM**  
PO BOX 868  
DURHAM, NC 27702  
☎ (919) 560-0700

**EDGECOMBE**  
PO BOX 10  
TARBORO, NC 27886  
☎ (252) 641-7852

**FORSYTH**  
201 N. CHESTNUT ST  
WINSTON SALEM, NC 27101-4120  
☎ (336) 703-2800

**FRANKLIN**  
PO BOX 180  
LOUISBURG, NC 27549  
☎ (919) 496-3898

**GASTON**  
PO BOX 1396  
GASTONIA, NC 28053  
☎ (704) 852-6005

**GATES**  
PO BOX 621  
GATESVILLE, NC 27938  
☎ (252) 357-1780

**GRAHAM**  
PO BOX 1239  
ROBBINSVILLE, NC 28771  
☎ (828) 479-7969

**GRANVILLE**  
PO BOX 83  
OXFORD, NC 27565-0083  
☎ (919) 693-2515

**GREENE**  
110 SE FIRST ST  
SNOW HILL, NC 28580  
☎ (252) 747-5921

**GUILFORD**  
PO BOX 3427  
GREENSBORO, NC 27402  
☎ (336) 641-3836

**HALIFAX**  
PO BOX 101  
HALIFAX, NC 27839  
☎ (252) 583-4391

**HARNETT**  
PO BOX 356  
LILLINGTON, NC 27546  
☎ (910) 893-7553

**HAYWOOD**  
63 ELMWOOD WAY, STE A  
WAYNESVILLE, NC 28786  
☎ (828) 452-6633

**HENDERSON**  
PO BOX 2090  
HENDERSONVILLE, NC 28793  
☎ (828) 697-4970

**HERTFORD**  
PO BOX 355  
AHOSKIE, NC 27910  
☎ (252) 358-7812

**Hoke**  
PO BOX 1565  
RAEFORD, NC 28376-1565  
☎ (910) 875-8751

**HYDE**  
PO BOX 152  
SWAN QUARTER, NC 27885  
☎ (252) 926-4194

**IREDELL**  
203 STOCKTON ST  
STATESVILLE, NC 28677  
☎ (704) 878-3140

**JACKSON**  
876 SKYLAND DR, STE 1  
SYLVA, NC 28779-2705  
☎ (828) 586-7538

**JOHNSTON**  
PO BOX 1172  
SMITHFIELD, NC 27577  
☎ (919) 989-5095

**JONES**  
367-B HWY 58-S  
TRENTON, NC 28585  
☎ (252) 448-3921

**LEE**  
PO BOX 1443  
SANFORD, NC 27331  
☎ (919) 718-4646

**LENOIR**  
PO BOX 3503  
KINSTON, NC 28502-3503  
☎ (252) 523-0636

**LINCOLN**  
451 SALEM CHURCH RD LINCOLNTON,  
NC 28092  
☎ (704) 736-8480

**MACON**  
5 WEST MAIN ST, FL 1  
FRANKLIN, NC 28734  
☎ (828) 349-2034

**MADISON**  
PO BOX 142  
MARSHALL, NC 28753  
☎ (828) 649-3731

**MARTIN**  
PO BOX 801  
WILLIAMSTON, NC 27892  
☎ (252) 789-4317

**MCDOWELL**  
PO BOX 1509  
MARION, NC 28752  
☎ (828) 659-0834

**MECKLENBURG**  
PO BOX 31788  
CHARLOTTE, NC 28231-1788  
☎ (704) 336-2133

**MITCHELL**  
11 N MITCHELL AVE, RM 108  
BAKERSVILLE, NC 28705  
☎ (828) 688-3101

**MONTGOMERY**  
PO BOX 607  
TROY, NC 27371  
☎ (910) 572-2024

**MOORE**  
POST OFFICE BOX 787  
CARTHAGE, NC 28327  
☎ (910) 947-3868

**NASH**  
PO BOX 305  
NASHVILLE, NC 27856  
☎ (252) 459-1350

**NEW HANOVER**  
1241A MILITARY CUTOFF ROAD  
WILMINGTON, NC 28405  
☎ (910) 798-7330

**NORTHAMPTON**  
PO BOX 603  
JACKSON, NC 27845  
☎ (252) 534-5681

**ONSLOW**  
246 GEORGETOWN RD JACKSONVILLE,  
NC 28540  
☎ (910) 455-4484

**ORANGE**  
PO BOX 220  
HILLSBOROUGH, NC 27278  
☎ (919) 245-2350

**PAMLICO**  
PO BOX 464  
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