



Florida Association for Community Action, Inc. Membership Form

Please indicate appropriate membership dues amount:

<u>Agency Budget</u>	<u>Dues</u>	<u>Agency Budget</u>	<u>Dues</u>
<input type="checkbox"/> Below \$200,000.....	\$500	<input type="checkbox"/> \$600,001-\$800,000.....	\$1100
<input type="checkbox"/> \$200,000 -400,000.....	\$700	<input type="checkbox"/> \$800,000-1,000,000.....	\$1300
<input type="checkbox"/> \$400,001-\$600,000.....	\$900	<input type="checkbox"/> \$1,000,001+.....	\$1500

NEW MEMBER
 RENEWAL

Organizational Membership expires June 30th following join date

TOTAL DUES PAID _____

DATE _____

Last Name _____ First _____ Middle _____

Title _____ Agency Name _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different) _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____ Agency Web Address _____

Please check all applicable programs within your agency:

- | | | |
|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> CAA | <input type="checkbox"/> EHS | <input type="checkbox"/> EHEAP |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> MHS | <input type="checkbox"/> WAP-LIHEAP |
| <input type="checkbox"/> WAP | <input type="checkbox"/> LIHEAP | |
| <input type="checkbox"/> Other _____ | | |

Please mail Membership Form and dues (via check or money order) to:
FACA
325 John Knox Rd., Suite F 210
Tallahassee, FL 32303

****Organizational Membership covers all agency employees.**

325 John Knox Rd., Suite F210 · Tallahassee, FL 32303 · (850) 224-4774 · Fax: (850) 224-5762
· Email: info@faca.org · www.faca.org

