



**Florida Association for Community Action, Inc.
(FACA)
Membership Form**



Please indicate appropriate membership dues amount:

| <u>Agency Budget</u> | <u>Dues</u> |
|---|-------------|
| <input type="checkbox"/> Below \$200,000..... | \$500 |
| <input type="checkbox"/> \$200,000 – 400,000..... | \$700 |
| <input type="checkbox"/> \$400,001 – 600,000..... | \$900 |

| <u>Agency Budget</u> | <u>Dues</u> |
|---|-------------|
| <input type="checkbox"/> \$600,001 – 800,000..... | \$1100 |
| <input type="checkbox"/> \$800,001 – 1,000,000..... | \$1300 |
| <input type="checkbox"/> \$1,000,001 +..... | \$1500 |

Select one:

NEW MEMBER

RENEWAL

Organizational Membership expires June 30 following join date

____/____/____
Date

Agency Director Name Title Email Address

Agency Name

Agency Street Address

City State Zip

Mailing Address if Different

City State Zip

Office Phone # Agency Website 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
5508 N. 50th Street, Suite 30
• Tampa, FL 33610 •

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