



**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.**