



Florida Association for Community Action, Inc. (FACA) 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"/> \$800,001 – 1,000,000.....	\$1300
<input type="checkbox"/> \$400,001 – 600,000.....	\$900	<input type="checkbox"/> \$1,000,001 +.....	\$1500

Select one:

NEW MEMBER

ASSOCIATE

CAA

RENEWAL

ASSOCIATE

CAA

Associate Dues*

Non CAA.....\$700

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 _____ | | |

You will be contacted by our team to complete your payment once your application is approved.

**Associate membership is limited to those non Community Action Agencies who financially support the mission and purposes of this Association. Associate members are not eligible for seating on the board of directors or voting at the annual meeting or special meetings of the membership Community Action Agencies.*

***Organizational Membership covers all agency employees.*