



**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.....	\$850	<input type="checkbox"/> \$600,001 – 800,000.....	\$1,450
<input type="checkbox"/> \$200,000 – 400,000.....	\$1,050	<input type="checkbox"/> \$800,001 – 1,000,000.....	\$1,650
<input type="checkbox"/> \$400,001 – 600,000.....	\$1,250	<input type="checkbox"/> \$1,000,001 +.....	\$2,000
<u>Affiliate Dues</u>			
<input type="checkbox"/>	Non CAA.....		\$700

Select one:

NEW MEMBER

AFFILIATE

CAA

RENEWAL

AFFILIATE

CAA

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 _____ | | |

To pay online, email
admin@faca.org

To pay by check please
mail form and dues to:

FACA
5508 N. 50th Street
Suite 27
• Tampa, FL 33610 •

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