



Organizational Membership Application

Contact Information

Please print or type.

Organization: _____

Mailing Address:

Ph: _____ Fax: _____

E-Mail: _____ Web site: _____

Primary Contact: _____

Billing Address: Same as Above

Type of Organization: 501 (c) 3 501 (c) 4 501 (c) 6

Briefly describe your organizational mission and vision statement:



Dues Information

<input type="checkbox"/> 1,001 +	Members	\$ 350
<input type="checkbox"/> 501 – 1,000	Members	\$ 250
<input type="checkbox"/> 500 – 0	Members	\$ 150

Amount Enclosed: \$ _____

Dues are on a calendar basis and are not prorated nor refundable.

Payment Information

Check Credit Card (MC, Visa, Amex)

No: _____ Exp. Date: _____

Name on Card:

Signature:

Remit payment and application to:

Mail: ACTFL
 PO Box 34949
 Alexandria, VA 22334-0949
 Email: Membership@actfl.org
 Fax: 703-894-2905