

Organizational Membership Application

Please note, organizational membership is only for language related associations, organizational membership is not open to institutions or for-profit companies.

Organization Name : _____

Mailing Address:

Ph: _____ Fax: _____

E-Mail: _____ Website URL: _____

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:

Payment Information

ACTFL Organizational membership dues are based on your current number of members.

Dues Information

___ 1,001+ Members	\$ 350
___ 501 - 1,000 Members	\$ 250
___ 500 - 0 Members	\$ 150

Amount Enclosed: \$ _____

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

___ Check (enclosed) ___ Credit Card (MC, Visa, Amex)

CC: _____ Exp. Date: _____

Name on Card:

Signature: _____

Remit payment and application to:

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

Please do not email applications with credit card numbers, fax or mail to our physical office, or call with the number.