



THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES

CACF ORGANIZATIONAL MEMBERSHIP FORM

Date Joined: _____ *Annual Membership (expires within one year of the date joined)*

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Executive Director/CEO: _____

F/T Staff: _____ P/T Staff: _____

Principal Contact: _____ Title: _____

Telephone: _____ Email: _____

Current Annual Budget: _____ # of People Served: _____

Organization Type: _____
(non-profit; for-profit; government agency)

Type of Non-Profit: _____

Population(s) Served: _____

Services Offered: _____

Age(s) Served: _____

Neighborhood(s)/Region(s) Served: _____

Language(s): _____

We would like to receive: CACF's Quarterly Newsletter CACF's Monthly E-newsletter

~~~Please see reverse side for membership dues and payments~~~



**THE COALITION FOR ASIAN AMERICAN CHILDREN AND FAMILIES**

**Membership Dues:** Please select the membership level based on your Annual Budget.

| <i>Annual Budget</i>      | <i>Membership Dues</i>         |
|---------------------------|--------------------------------|
| \$0 - \$99,999            | <input type="checkbox"/> \$50  |
| \$100,000 - \$249,999     | <input type="checkbox"/> \$100 |
| \$250,000 - \$499,999     | <input type="checkbox"/> \$200 |
| \$500,000 - \$749,999     | <input type="checkbox"/> \$250 |
| \$750,000 - \$999,999     | <input type="checkbox"/> \$350 |
| \$1,000,000 – \$2,999,999 | <input type="checkbox"/> \$500 |
| \$3,000,000 - \$4,999,999 | <input type="checkbox"/> \$650 |
| Over \$5,000,000          | <input type="checkbox"/> \$800 |

**Payments:** Payments can be made by credit card or check.

➤ Please use this form to make a credit card payment:

- Visa
- Master Card
- American Express

Name (of card holder): \_\_\_\_\_

Total Amount: \_\_\_\_\_

|                                 |
|---------------------------------|
| Billing Address: _____<br>_____ |
| City: _____                     |
| State: _____ Zip: _____         |

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature (of card holder): \_\_\_\_\_

➤ To make a credit card payment **online**, please visit our website page at:  
[http://www.cacf.org/getinvolved\\_organizations.html#members](http://www.cacf.org/getinvolved_organizations.html#members)

➤ Checks should be made payable to the **Coalition for Asian American Children and Families**. Checks and membership forms may be sent to:

Coalition for Asian American Children and Families  
50 Broad Street, 18<sup>th</sup> Floor  
New York, NY 10004