

CACF MEMBERSHIP FORM

YES! Please renew our organizational membership for 2020.

YES! We would like to join organizational membership for 2020.

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Executive Director/President/CEO: _____

Primary Contact: _____ Title: _____
(for membership-related communications)

Telephone: _____ Email: _____

Primary Contact: _____ Title: _____
(for media/social media-related communications)

Telephone: _____ Email: _____

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

Current Annual Budget: _____ # of People Served: _____

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

Population(s) Served: _____

Services Offered: _____

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

City Council District(s): _____ Language(s): _____

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

**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"/> \$125  |
| \$100,000 - \$249,999     | <input type="checkbox"/> \$250  |
| \$250,000 - \$499,999     | <input type="checkbox"/> \$350  |
| \$500,000 - \$749,999     | <input type="checkbox"/> \$450  |
| \$750,000 - \$999,999     | <input type="checkbox"/> \$600  |
| \$1,000,000 – \$2,999,999 | <input type="checkbox"/> \$750  |
| \$3,000,000 - \$4,999,999 | <input type="checkbox"/> \$1200 |
| Over \$5,000,000          | <input type="checkbox"/> \$1750 |

**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:    \$ \_\_\_\_\_

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

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

CVV: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

➤ To make a credit card payment **online**, please visit our website page at:  
<http://cacf.org/dev/home/what-we-do/organizations/>

➤ 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