



2016 MEMBERSHIP FORM

COMMUNITY ACTION PARTNERSHIP

☐ RENEW MY MEMBERSHIP

☐ NEW MEMBERSHIP

*Please complete this form in its entirety and return to Community Action.
We need this information for the CAA Directory!*

Agency _____ CSBG Funds \$ _____

Executive Director/CEO _____

Board Chair _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Web Address (URL) _____

Counties served _____

PAYMENT OPTIONS:

☐ Agency purchase order enclosed ☐ Check enclosed for \$ _____

Please charge \$ _____ to my: ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Card # _____ Expiration Date _____

Name on card _____ Company _____

Signature _____

*Membership year is
January 1 to December 31.*

*Please check the
appropriate CSBG
Funding Level for your
one- or two-year
membership.*

CSBG FUNDING LEVEL	1-YEAR MEMBERSHIP	2-YEAR MEMBERSHIP
\$100,000 or less	<input type="checkbox"/> \$325	<input type="checkbox"/> \$600
\$100,001 - \$249,999	<input type="checkbox"/> \$625	<input type="checkbox"/> \$1,150
\$250,000 - \$499,999	<input type="checkbox"/> \$850	<input type="checkbox"/> \$1,600
\$500,000 - \$749,999	<input type="checkbox"/> \$1,075	<input type="checkbox"/> \$2,000
\$750,000 - \$999,999	<input type="checkbox"/> \$1,550	<input type="checkbox"/> \$2,900
\$1,000,000 - \$2,499,999	<input type="checkbox"/> \$1,950	<input type="checkbox"/> \$3,600
\$2,500,000 - \$ 4,999,999	<input type="checkbox"/> \$2,800	<input type="checkbox"/> \$5,000
\$5,000,000 and over	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$6,700
Affiliates, State, Regional & CSBG Offices, Individual	<input type="checkbox"/> \$375	<input type="checkbox"/> \$700

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