Florida Association for Community Action, Inc.

Membership Form

Please indicate appropriate membership dues:

Agency Budget.....Dues

☐ NEW MEMBER
☐ RENEWAL

☐ Below $200,000.....$200 ☐ $600,001-$800,000....$800
☐ $200,000-$400,000...$400 ☐ $800,000-1,000,000...$1000
☐ $400,001-$600,000...$600 ☐ $1,000,001+.....$1200

TOTAL DUES PAID .....

Organizational Membership expires June 30th following join date

Date

Last Name **First** **Middle**

Title **Agency Name**

Street Address

City **State** **Zip Code**

Mailing Address (If different)

City **State** **Zip Code**

Phone **Fax**

Email **Agency Web Address**

Please check all applicable programs within your agency:

☐ CAA ☐ EHS ☐ EHEAP
☐ Head Start ☐ MHS ☐ WAP-HEAP
☐ WAP ☐ LIHEAP
☐ Other_____

Please mail application and dues (via check or money order) to:

FACA
820 East Park Avenue,
Bldg E-200
Tallahassee, FL 32301

***Organizational Membership covers all agency employees.**

820 E. Park Avenue Bldg. E Suite 200 · Tallahassee, FL 32301 · (850) 224-4774 · Fax: (850) 224-5762
· Email: info@faca.org · www.faca.org
A Federation of Community Action Agencies, Weatherization, Head Start programs
and other sanctioned organizations since 1980

community Action PARTNERSHIP
Helping People. Changing Lives.