

## MEMBERSHIP APPLICATION 2004

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_  
Name of CEO: \_\_\_\_\_  
Location of Agency Branches: \_\_\_\_\_

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### Application Instructions:

1. Complete this application form
2. Sign and Return NACCFA's Statement of Faith
3. Determine your agency's membership fee and attach to this application
4. Include the following documents with your NACCFA Membership Application:
  - Copy of Agency license (or explanation if not licensed)
  - Copy of Agency By-Laws
  - Any printed information (brochures, newsletters, etc.) about your agency
  - Copy of Agency Mission Statement
  - Copy of Agency's 501(c)3 letter

### Annual Membership Fees (Based on agency's total annual revenue)

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|-----------------------------------|-------|
| • Less than or equal to \$250,000 | \$100 |
| • \$250,001 up to \$500,000       | \$200 |
| • \$500,001 up to \$1,000,000     | \$400 |
| • \$1,000,001 up to \$1,500,000   | \$500 |
| • \$1,500,001 up to \$2,000,000   | \$700 |
| • Over \$2,000,000                | \$800 |

**Annual Individual Membership Fee** (According to By-Laws Specifications)      \$100

**Please send the completed application to:**

NACCFA  
P.O. Box 307  
Gridley, IL 61744  
Ph. 309.747.4517  
e-mail: [naccfa@naccfa.org](mailto:naccfa@naccfa.org)

