



The African American Community Action Leaders

MEMBERSHIP APPLICATION FORM
MEMBERSHIP INVOICE: (Please Print All Information)

NEW MEMBER RENEWAL

MEMBER NAME: _____
 TITLE: _____
 AGENCY NAME: _____
 MAILING ADDRESS: _____
 TELEPHONE _____
 FAX: _____
 EMAIL: _____

MEMBERSHIP

Agency: (Check One)	<u>Annual Operating Budget</u>	<u>Annual Dues</u>
<input type="checkbox"/>	\$3 Million and Higher	\$450
<input type="checkbox"/>	\$1 Million to \$3 Million	\$300
<input type="checkbox"/>	Less than One Million	\$150
Individual:	<input type="checkbox"/> Individual Membership	\$100

Enclosed is my check/payment in the amount of \$ _____

AGENCY DESCRIPTION

Mark Service Area: _____ Urban _____ Rural _____ Suburban _____ Other

Major Programs – Please indicate programs offered by agency:

- | | | |
|---|--|---|
| <input type="checkbox"/> CSBG | <input type="checkbox"/> Homeless | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Housing | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Substance Abuse | |

Annual Operation Budget: \$ _____ Number of Employees _____

PLEASE MAKE CHECK PAYABLE TO TAACAL, AND SEND BOTH APPLICATION AND CHECK TO:
 TAACAL, C/O Cynthia Dockery, 2504 Washington Street, Suite 602, Waukegan, IL 60085

Signature: _____ Date: _____

Please copy this form and retain for your records