



Improving Health ~ Eliminating Disparities

MEMBERSHIP APPLICATION FORM

Please complete the form and return with your check or we can bill you later. There is also an option to pay online.

Communities Joined in Action
 8757 Georgia Avenue, 10th Floor, Silver Spring, MD 20910
 1-360-489-0496

Make checks payable to: *Communities Joined in Action*. Tax ID 52-2305386

Name: _____ Title: _____

Organization: _____

Web site: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Additional information on your community:

Population: _____ % Uninsured: _____ Congressional District(s): _____

Mark your level of membership below:

- Individual Level \$125 annually
- Community-Based Organization Level \$350 annually
- CJA Affiliate \$450 annually
- Student Level \$75 annually
- Corporate Level
 - < \$1 million \$850
 - \$1-3 million \$1,000
 - \$3-5 million \$2,500
 - > \$5 million \$5,000

Please indicate how you wish your name and organization to be listed on materials:

Check: # _____ Amount Enclosed: \$ _____

How did you hear about CJA?

- Website
- Another organization _____
- Brochure
- Other _____