

MARYLAND COMMUNITY ACTION PARTNERSHIP

MEMBERSHIP APPLICATION FORM

Please complete this form and mail or fax to the Maryland Community Action Partnership at the address below.

Agency _____
Executive Director/CEO _____
Board Chair _____
Address _____
City _____ State _____ Zip _____
Phone _____
Fax _____
Email _____
Web Address (URL) _____

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 – December 31.

MARYLAND COMMUNITY ACTION PARTNERSHIP • 10480 Little Patuxent Parkway
Suite 400 • Columbia • MD • 21044
410-740-3027 • Fax: 410-558-6770

info@maryland-cap.org • www.maryland-cap.org

This form may be photocopied, scanned, or faxed. A pdf version is
available at www.maryland-cap.org

Application Fees

Community Action Agency: \$1200
Corporation: \$300
Community/Nonprofit Agency: \$100
Individual/Student: \$20

