



ORGANIZATIONAL MEMBERSHIP REGISTRATION

Organization Name:		
Mailing Address:		
City:		
State/PR:	Zip/PC:	Country:
Main Phone:		Website:
Primary Contact <i>(Recipient of all membership communications, publications, and notices.)</i>		
Contact Name:		Title:
Work Phone:		Mobile Phone (optional):
Work Email*:		
Associate Members: You may designate up to four individuals, beyond the primary contact, to receive select member communications and benefits. Please list their full names** and email addresses below.		
Name:		Email:
Name:		Email:
Name:		Email:
Name:		Email:
<i>*Required to receive certain benefits such as monthly e-newsletter</i>		
<i>**A full name is required to create a record in our database. We won't be able to create a record if only a job title and email are provided.</i>		

Program Type: <i>(check only one)</i>		
<input type="checkbox"/> ABE	<input type="checkbox"/> Corrections	<input type="checkbox"/> State Organization/Coalition
<input type="checkbox"/> Community-based	<input type="checkbox"/> Library	<input type="checkbox"/> Other
<input type="checkbox"/> Community College	<input type="checkbox"/> Religious Institution	

Services Provided: <i>(check all that apply)</i>		
<input type="checkbox"/> Basic Literacy	<input type="checkbox"/> Digital Literacy/Computer-based	<input type="checkbox"/> Math
<input type="checkbox"/> ESL	<input type="checkbox"/> Family Literacy	<input type="checkbox"/> Training
<input type="checkbox"/> High School Equivalency	<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Workplace Literacy
<input type="checkbox"/> Citizenship	<input type="checkbox"/> Health Literacy	<input type="checkbox"/> Not a direct service provider

Annual Dues:		
Dues are based on organization's annual operating budget for literacy services. Check the box next to the correct dues for your organization and record this dollar figure in the Total Amount field below.	Annual Operating Budget	Annual Dues
	Less than \$10,000	<input type="checkbox"/> \$39
	\$10,000 – 69,999	<input type="checkbox"/> \$99
	\$70,000 – 149,000	<input type="checkbox"/> \$169
	\$150,000+	<input type="checkbox"/> \$219

PAYMENT INFORMATION

TOTAL AMOUNT: \$	<input type="checkbox"/> Check #:	<input type="checkbox"/> Purchase Order #:
Charge dues to credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit Card #:	Expiration Date:	CSV (3-4 digits):
Name as it appears on card:		
Signature:		

Send form with payment to: ProLiteracy Membership Program, 101 Wyoming Street, Syracuse, NY 13204. Questions? Call 315.214.2576.