



## ORGANIZATIONAL MEMBERSHIP REGISTRATION

Organization Name:		
Mailing Address:		
City:		
State/PR:	Zip/PC:	Country:
Main Phone:	Website:	
<b>Primary Contact</b> <i>(Recipient of all membership communications, publications, and notices.)</i>		
Contact Name:	Title:	
Work Phone:	Mobile Phone (optional):	
Work Email*:		
<b>Associate Members:</b> You may designate up to four individuals, beyond the primary contact, to receive member communications and benefits. Please list their full names** and email addresses below. Do NOT repeat Primary contact here.		
Name:	Email:	
Name:	Email:	
Name:	Email:	
Name:	Email:	
<small>*Required to receive certain benefits like the monthly e-newsletter. Providing your email means you are consenting to receive membership-related email.  **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.</small>		

<b>Program Type:</b> <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	

<b>Services Provided:</b> <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

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

### PAYMENT INFORMATION

<b>TOTAL AMOUNT: \$</b>	<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):
<input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <span style="font-size: 20px; margin: 0 5px;">-</span> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <span style="font-size: 20px; margin: 0 5px;">-</span> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <span style="font-size: 20px; margin: 0 5px;">-</span> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <span style="font-size: 20px; margin: 0 5px;">/</span> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: none; border-bottom: 1px solid black;" type="text"/>
Name as it appears on card:		
Signature:		

**Send form with payment to:** ProLiteracy Membership Dept., 308 Maltbie St, Suite 100, Syracuse, NY 13204.  
**Questions?** Email membership@proliteracy.org