

Coalition of African Communities – Philadelphia

4020 Market Street
Philadelphia, PA 19104

Membership Registration Form

Please CLEARLY PRINT Information

Date _____

Name _____

Address _____

Telephone _____

Fax _____

E-mail _____

Website _____

Organization By-laws Attached In progress

Contact Information for member-organizations (for completion by Chair / President)

Name _____

Official Title _____

Signature _____

Address _____

E-mail _____

Phone (w) _____ Phone (h) _____

Information for two Secondary / Alternate Contacts

1. Name _____

Official Title _____

Address _____

E-mail _____

Phone (w) _____ Phone (h) _____

2. Name _____

Official Title _____

Address _____

E-mail _____

Phone (w) _____ Phone (h) _____

Membership Dues **Member-organization (\$150/yr)**

pick one **Student member-organization (\$75/yr)**

Associate (Individual) Member (\$75/yr)

Patron/Lifetime Associate Member (TBD)