

“Transforming our community together toward equity and justice through community organizing”

**Membership Application**

Membership will be open to any individual, faith community or non-profit organization in the Greater Rochester metropolitan area that supports and endorses the vision and mission of RocACTS, agrees to follow its Bylaws and is approved by the Board.

**Our Vision -** An empowered and engaged community, grounded in shared values, working to build and sustain an equitable, just and moral society.

**Recommended Annual Dues Structure**

*(Please Check appropriate box)*

|  |  |  |
| --- | --- | --- |
| **Individual Membership** | **Congregation/Organization Membership** | |
|  | **Number of Members** | **Membership Dues** |
| Regular $30 | <100 | $100 |
| Low Income $12 | 100-250 | $250 |
|  | 251-500 | $500 |
|  | 501-1,000 | $1,000 |
|  | 1,000+ | $1,500 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual or Organization/Congregation Name**: | | | | | | *Click here to enter text.* | | |
| **Address**: | | *Click here to enter text.* | | | | | | |
| **Phone**: Office | | | | *Click here to enter text.* | | | Mobile | *Click here to enter text.* |
| **E-Mail**: | *Click here to enter text.* | | | | | | | |
|  | | | | | | | | |
| **For Organization/Congregations Members:** | | | | | | | | |
| **Faith Leader/Director Name**: | | | | | *Click here to enter text.* | | | |
|  | | | | | | | | |
| **Signature:** | | | *Click here to enter text.* | | | | | |

Return this application with your dues to: 121 Fitzhugh St. N., Rochester, NY 14614.

Congregation/Organization Member dues can be made in 2 installments.

Individual Member Dues must be paid in full at time of application.

Make checks payable to Roc*ACTS*.