



Membership Form

Organization

Name _____

Address _____

Website _____

Key Contact (Executive Director / President & CEO)

Name _____

Position _____

Email _____

Phone _____

Alternate Contact

Name _____

Position _____

Email _____

Phone _____

Annual Membership Fee (Based on gross annual revenues from all sources):

- | | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | Over \$1 million | \$225 |
| <input type="checkbox"/> | \$500,000 to \$1 million | \$150 |
| <input type="checkbox"/> | \$100,000 to \$500,000 | \$100 |
| <input type="checkbox"/> | Under \$100,000 | \$50 |

Make cheque payable to: National Alliance for Children and Youth (NACY)

Mail to: 150 Isabella Street, Suite 149, Ottawa, ON, Canada K1S 1V7

Questions? Email Leslie Wright – info@nacy.ca