

**ACT (A COMMUNITY OF TRANSFORMATION)**

**P.O. BOX 1394**

**Severna Park, MD 21146**

*Print form, fill out and mail to address above.*

*MEMBERSHIP REGISTRATION FORM*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) (business) (cell) **Please indicate which one**

Email \_\_\_\_\_

**Membership Levels**

(Please Circle One):

Individual \$45

Family \$75

Student \$25

Lifetime \$500

**I would like to help support ACT by donating to:**

Program Fund \$ \_\_\_\_\_

Membership Amount \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**Payment Method:**

\_\_\_\_\_ Check (made payable to ACT) \_\_\_\_\_ Credit Card (Visa or Mastercard)

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_  
(as it appears on card)

**I am interested in volunteering on one or more of these commitments:**

\_\_\_\_\_ Fundraising \_\_\_\_\_ Membership \_\_\_\_\_ Programs

\_\_\_\_\_ Marketing \_\_\_\_\_ Event Support

\_\_\_\_\_ Granting Writing Other: \_\_\_\_\_  
(Please specify.)