



Membership Form

Date _____

Name of Organization _____

Street Address _____

Mailing Address (if different than above) _____

City/State/Zip _____

Executive Director _____

Contact (if not Executive Director) _____

Contact Title _____

Phone _____ Email _____

Fax _____ Web Site _____

Membership Fees for calendar year 2010 – please indicate:

___ \$ 50 Operating budget under \$1 million (for services provided in Monterey County)

___ \$125 Operating budget \$1 million or over (for services provided in Monterey County)

Please make check payable to "ACTION Council".

Mail check and form to:

NAMC
c/o Sue Parris, Project Coordinator
PO Box 602
Pacific Grove, Ca 93950

Questions? 831.373.4606

Alliancemonterey.org