



Public Interest Group Membership Enrollment Form Membership Year 2020–2021

This membership is only for public interest groups and provides 3 associated memberships for the \$500 base cost. Additional members can be added for \$150 each.

- Please have your Director sign and submit the membership pledge below.
- Please verify that profile information and all enrollee information is accurate and complete.

For more information on the benefits of NACA membership, visit www.consumeradvocates.org/join.

Group members must use official organization email address to receive listserv benefits.

Full name of organization			
Individuals Associated with Group Membership			
Name	Title	Official Email	Direct Phone

Additional Members (each \$150)			
Name	Title	Official Email	Direct Phone

Please continue to next page to complete.

NACA Membership Pledge

By my signature below I pledge:

1. I am committed to advancing the cause of just treatment for and ethical representation of consumers.
2. I have read and meet the [criteria for NACA membership](#). I understand that my membership in NACA may be revoked if at any point I no longer meet these requirements. If there are changes in my work that may affect my ability to meet the membership requirements, I will let NACA membership staff know immediately.
3. Upon my admission to NACA, I will read and comply with the [NACA Member Code of Conduct](#). I understand that my membership in NACA may be revoked if at any point I violate the Code of Conduct.

President/Executive Director Enrollee Pledge Signature: _____ Date: _____

Payment is enclosed for group rate of \$500.

Additional Membership Above 5 (\$100 per additional Membership)

Mail application to:

National Association of Consumer Advocates | 1215 17th Street, NW, 5th Floor | Washington DC 20036 | TEL: 202.452.1989 | FAX: 202.452.0099

Billing and Primary Contact Information

First and Last Name	
Title	
Organization	
Street Address	
City/State/Zip	
Phone	
Fax	
Billing Email	
Website	
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Pay via MasterCard/VISA, AMEX, or Discover	
Credit Card Number:	
Expiration Date	(/)
Name on Card	
Signature	
Phone	
Fax	
Billing Email	
Website	