Legal Aid Group Membership Enrollment Form

This membership is limited to legal aid organizations and provides five associated memberships for the $500 base cost. Additional members can be added for $100 each.

- Please have your Executive Director or President 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 $100)			
Name	Title	Official Email	Direct Phone

Please continue to next page to complete.

NACA Membership 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 | 1629 K St NW, Ste 604, Washington DC 20006 | Tel. 202-984-7706

membership@consumeradvocates.org

Billing and Primary Contact Information	
First and Last Name	
Title	
Organization	
Street Address	
City/State/Zip	
Phone	
Fax	
Billing Email	
Website	

☐ Check Enclosed ☐ Pay via MasterCard/VISA, AMEX, or Discover

Credit Card Number:	
Expiration Date	
Name on Card	
Signature	
Phone	
Fax	
Billing Email	
Website	