



# Membership Application

Organization Name: \_\_\_\_\_

Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Address: www. \_\_\_\_\_

Email: \_\_\_\_\_

*Please use the reverse side of this form to list additional organizational members.*

## Membership Type:

Individual \$245    Organization \$500    Supporting \$1000    Sustaining \$5000

Payment Method:    Check Enclosed    AmEx    Visa    MasterCard

Credit Card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Printed name on card: \_\_\_\_\_ Amount: \_\_\_\_\_

Zip code for credit card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please contact Cathy Lada at ACCE if you have any questions:  
Call: (800) 394-2223 x3560 or Fax: (703) 212-9512 or [clada@acce.org](mailto:clada@acce.org)

**MAIL TO: ACCE/ARS**  
**P.O. Box 79245**  
**Baltimore, MD 21279-0245**  
[www.acce.org](http://www.acce.org) | [www.regionalstewardship.org](http://www.regionalstewardship.org)

Please complete this form and fax it to ACCE/ARS or complete the online application at:  
<http://www.regionalstewardship.org/join.htm>

