



AFRECS Membership Form

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| Mobile Phone | |
| E-Mail Address | |

Membership Type

Individual Organizational

Fee Schedule:

- \$15 for individuals
- \$100 for churches or organizations with an annual budget of under \$250,000
- \$250 for churches or organizations with an annual budget of \$250,000 to \$500,000
- \$500 for churches or organizations with an annual budget of over \$500,000

Membership is from January 1 - December 31 of the year in which you make your payment.

Amount Enclosed: _____

Please send this form and your payment to:

AFRECS
PO Box 12026
3737 Seminary Road
Alexandria, VA 22304