

**PAYMENT REMITTANCE FORM**

**Agency Information Fiscal Agent Information (if applicable)**Agency Name:       Agent Name:

Address:       Mailing Address:

City:       State:       City:       State:

Zip Code:       Zip Code:        
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**Type of Membership:**

New  Existing

**Please select the level of membership your organization currently holds:**

Accredited  Associate/Developing   
Affiliate  Satellite   
Support  Non-member   
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**Reason for Payment**

1. **Application Fee** (*Please list the level of membership your organization is applying for):*

      $

1. **Annual Membership Dues** (*Please list the level of membership for which the dues are for):*

      $

1. **NCAtrak Initial Fee** $
2. **NCAtrak Annual Subscription** $
3. **OMS Subscription for non-members** $

**TOTAL of LINES 1-5** $       (Total) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT INFORMATION** Choose one:   
  
**Credit Card Payment:**  If you wish to pay by credit card, please follow the link to the payment portal at: <http://www.nationalchildrensalliance.org/payment-processing>. If you need additional information regarding this payment, please contact our Accounting department at [accounting@nca-online.org](mailto:accounting@nca-online.org).

**Check Payment:**  Check #:       Check Amount: $