



PAYMENT REMITTANCE FORM

Agency Information

Agency Name _____
Address _____
City _____
State _____
Zip Code _____

Fiscal Agent Information (if applicable)

Agent Name _____
Address _____
City _____
State _____
Zip Code _____

Type of Membership

New Existing

Please select the level of membership your organization currently holds

Accredited Associate/Developing
 Affiliate Satellite
 Supporting Non-Member

Reason for Payment

	Amount
1 Accreditation Application Fee	
<input type="checkbox"/> Annual budget less than \$1M	\$ _____
<input type="checkbox"/> Annual budgets of \$1M to \$2M	\$ _____
<input type="checkbox"/> Annual budgets of more than \$2M	\$ _____
2 Annual Membership Dues	Amount
<input type="checkbox"/> Accredited	\$ _____
<input type="checkbox"/> Affiliate	\$ _____
<input type="checkbox"/> Support	\$ _____
<input type="checkbox"/> Associate/Developing	\$ _____
<input type="checkbox"/> Satellite	\$ _____
3 NCAtrak	Amount
<input type="checkbox"/> Initial Fee	\$ _____
<input type="checkbox"/> Annual Subscription	\$ _____
4 Other	
<input type="checkbox"/> _____	\$ _____
Total	\$ _____

Payment Information

Check - Mail to National Children's Alliance 516 C St NE #100, Washington, DC 20002
 Credit Card - Pay online at <http://www.nationalchildrensalliance.org/payments>
 Send an invoice to the following email address: