



## 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  
☐ Affiliate  
☐ Supporting

☐ Associate/Developing  
☐ Satellite  
☐ Non-Member

### Reason for Payment

#### 1 Accreditation Application Fee

	Amount
<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

☐ \_\_\_\_\_ \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### Payment Information

☐ Check - Mail to National Children's Alliance PO Box 5147 Deptford, NJ 08096-0147  
☐ Credit Card - Pay online at <http://www.nationalchildrensalliance.org/payments>  
☐ Send an invoice to the following email address: