



The Coalition of Fathers and Families NY, Inc.
 The NY affiliate of the American Coalition of Fathers and Children

“Working to Keep Fathers and Families Together”

Membership Application Form:

Membership in FaFNY is contingent on application and acceptance of the application by the Board of Directors:

Mail Applications to: The Coalition of Fathers and Families NY
 PO Box 782 Clifton Park, NY 12065

Make Checks Payable to: FaFNY *(and we thank you for your help for families)*

Name _____
 Phone (____) _____ Cell (____) _____ work (____) _____
 Street _____ County _____
 City _____ State _____ zip _____

Comments:

E-mail _____

___ you may list me as a contributor/new member in your publications.
 ___ I may be interested in contributing my time as a County Coordinator.
 ___ I may be interested in contributing my time otherwise _____

My occupation (skills) are _____

___ I don't have internet and I would like a new member packet of information
 (indicate paper or CD) _____

I have enclosed my full membership dues at the following level (all levels include membership in ACFC in addition to FaFNY except associate or donations only):

___ Family (\$5000 or more) ___ Patron (\$2500)

___ Platinum (\$1000) ___ Gold (\$500)

___ Silver (\$260) ___ Bronze (\$130)

___ Premier (\$65) ___ Associate (\$25)

___ I wish to donate for a specific project (indicate project and dollar amount) \$ _____ towards _____

___ I wish to donate but not be listed as a member \$ _____

___ I wish to donate an to help towards a gift membership for another unfortunatate person (amount)\$ _____

Total Enclosed \$ _____ to help families stay together.