



FAIRFAX COUNTY ALLIANCE FOR HUMAN SERVICES
2020-2021 MEMBERSHIP REGISTRATION
www.fairfaxalliance.org

DATE _____

NAME _____

MAILING ADDRESS _____

PHONE (day) _____ (night) _____

E-MAIL _____

Check one: _____ Renewal _____ New Member

Check one: [] I'm registering as an individual OR
[] I'm registering as an organization's representative ().

The organization I represent is:

_____ Please check here if we may list your organization as an Alliance member in our printed materials.

_____ I would like to get involved in the Alliance's work. Please call me.

Please consider a contribution to advance the Alliance's work!

Enclosed: \$ 5.00 Alliance Dues
\$ _____ Contribution
TOTAL: \$ _____

Please mail this completed form along with a check for your TOTAL payable to Fairfax County Alliance for Human Services (or FC Alliance for Human Services) to:

Fairfax County Alliance for Human Services
c/o Jemal Finney
1353 Monroe St. NW
Washington, DC 20010