

## Fair Access Coalition on Testing (FACT) Membership Application

Please complete the following information and submit to the address listed below. Please type or print neatly.

**Organization/Individual Member Name:** \_\_\_\_\_

\_\_\_\_ **I am applying for a new membership.**

**Mailing Address**

\_\_\_\_ **I am renewing.**

\_\_\_\_\_

**Check Type of Membership:**

\_\_\_\_ National Organization or Corporation

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_ Credentialing Body

\_\_\_\_ Divisions, State Branches, Boards

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ College or University

Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ Individual

**Website:** \_\_\_\_\_

**Legislative Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>Annual Dues*</b>	
National Organizations & Corporations	\$600
Credentialing Bodies	\$240
Divisions, State Branches, & Boards	\$120
Colleges, Universities	\$90
Individual	\$30

\*Membership is from June 30 to July 1. Dues subject to change.

The above information is complete and correct to the best of my knowledge. Like FACT, I am interested and support public access to professionals who have demonstrated competence in the administration and interpretation of assessment instruments.

\_\_\_\_\_  
**Signature of Authorized Person**

\_\_\_\_\_  
**Date**

Please make checks payable to FACT. If you would like to fax your membership application, please also send a copy of the completed application form with your payment.

FACT Coordinator  
7 Terrace Way  
Greensboro, NC 27403-3660  
Fax: 336-547-0017

<b>FOR OFFICE USE ONLY</b>	
<b>Date</b>	
<b>Charge</b>	
<b>Check</b>	
<b>Amount</b>	\$