



Application for Organizational Membership

To: ACTS President & ACTS Board of Directors

My Congregation/Organization: _____

Pastor/Imam/Rabbi/Director: _____

My Congregation/Organization hereby applies for membership within the Alliance of Communities Transforming Syracuse (ACTS), and agrees and commits to:

- (1) Support the values, goals, and purposes of ACTS, as described in the By-laws of the Corporation.
- (2) Appoint representatives to the ACTS Leadership Council and agree to participate in its meetings.
- (3) Form “Core Team” (core leadership team within the institution) to engage in the process of listening, reflection, research, training and action on issues; and send at least two leaders from the member institution for training.
- (4) Bring all issues and proposed actions for ACTS support to the Board of Directors for approval prior to using the name of the Corporation.
- (5) Pay Membership Dues and participate in the fundraising efforts of ACTS.

Contact Information:

Address: _____

Phone: _____ Email: _____

Signed: _____

Date: _____

ACTS 910 Madison St. Syracuse, NY 13210
Phone: 315 416-6363
Email: officemanager.acts@gmail.com

(Checks may be made payable to the *Alliance of Communities Transforming Syracuse* or *ACTS*)