



Alliance of Communities

Transforming Syracuse

Application for Individual Membership

To: ACTS President

Individual Member Name: _____

I understand that Individual Membership is available to people who are not affiliated with a current congregational or organizational member of ACTS.

I hereby join the Alliance of Communities Transforming Syracuse (ACTS), and agree & commit to:

- (1) Support the social justice values, goals, and purposes of ACTS.
- (2) Participate in quarterly Leadership Council meetings and caucus with other individual members.
- (3) Consider participation in task forces and other ACTS public activities and events.
- (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 or attempting to speak on behalf of the organization.
- (5) Pay Annual Membership Dues of \$25 and consider participation in the fundraising efforts of ACTS.

Contact Information:

Address: _____

Phone: _____

Email: _____

Signed: _____ Date: _____

Please “check the box” here if this application is an annual renewal. Thank You!

ACTS welcomes contributions in addition to member dues. Your generosity will be acknowledged.

If your check exceeds \$25 for member dues, we will credit your extra gift as an individual investor.

Your check may be made payable to the *Alliance of Communities Transforming Syracuse* or *ACTS*

Please complete & return this form with your check to ACTS, 910 Madison St., Syracuse, 13210