Fair Access Coalition on Testing

MEMBERSHIP APPLICATION

3 Terrace Way | Greensboro, North Carolina 27403 | TEL: 336-547-0607 | FAX: 336-547-0017

1. Type or neatly print the following information.
2. Make checks payable to FACT.
3. Submit to the address listed above. If you would like to fax your membership application, please also send a copy of the completed application form with your payment.

Organization/Individual Member Name: _____

Mailing Address: _____

_____

Telephone Number: _____ Fax Number: _____

Web Site Address: _____

Legislative Contact Name: _____ E-mail Address: _____

Primary Contact Name: _____ E-mail Address: _____

Membership Status (check one): ☐ I am renewing a membership. ☐ I am applying for a new membership.

Please select your membership type/annual dues*:

☐ National Organization or Corporation ($600)
☐ Divisions, State Branches, Boards ($120)
☐ Individual ($30)
☐ Credentialing Body ($240)
☐ College or University ($90)

*Annual dues are 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 all professionals who have demonstrated competence in the administration and interpretation of assessment instruments.

_____ _____

Signature of Authorized Person Date

METHOD OF PAYMENT

☐ Enclosed is a check or money order payable to fact in the amount of: _____

☐ Please charge the credit card as listed below in the amount of: _____

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Acct. #: _____ Exp. Date: ___/___

Verification Code Numbers (from back of card): ____

FOR OFFICE USE ONLY

REF.#:_____ DATE: _____

BATCH #: _____ AMOUNT: _____

Cardholder Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____