



Agency Membership Invoice

Agency Name: _____

Agency CEO/Director: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

CALCULATE MEMBERSHIP DUES

NCFA membership dues are \$650 per state in which the agency is licensed with a maximum fee of \$11,000 (17+ states). Please make checks payable to National Council For Adoption and specifying "Member Dues" on the memo line.

Total number of states in which the agency is licensed: _____

Membership dues (Multiply number of states by \$650): _____

NCFA offers one-time prorated dues to agencies that are struggling financially to ensure they are allowed continued participation in our education and networking services. If you'd like to contribute to services for your colleagues in the field, you may add a tax deductible donation to your invoice here: _____

Total amount enclosed: _____

Signature: _____ Date: _____