

MEMBERSHIP APPLICATION

Apalachicola-Chattahoochee-Flint Stakeholders (ACFS)

Renewal

Please Note: All information on this form will become part of the public record

Name	Phone
Address	Fax
	Mobile
	E-Mail

Areas of Interest (mark any two)

Indicate the Stakeholder Categories you are MOST interested in representing (only mark two).

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Navigation | <input type="checkbox"/> Industry/Manuf | <input type="checkbox"/> Local Government | <input type="checkbox"/> Other Interest |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Seafood Industry | <input type="checkbox"/> Environmental/Conserv | If Other, please specify |
| <input type="checkbox"/> Water Quality | <input type="checkbox"/> Hydro Power | <input type="checkbox"/> Business/Econ Development | _____ |
| <input type="checkbox"/> Water Supply | <input type="checkbox"/> Thermal Power | <input type="checkbox"/> Historic/Cultural | |
| <input type="checkbox"/> Farm/Urban Agriculture | | | |

MEMBERSHIP - ANNUAL DUES

Indicate the category that most accurately reflects your organization (only mark one).

Public Jurisdiction Members

- Less than 10,000 population - \$250
- 10,000 to 100,000 population - \$1000
- Greater than 100,000 population - \$2500

Business and Industry Members

- Less than 50 employees - \$250
- 50 to 500 employees - \$1000
- Greater than 500 employees - \$2500

- Individuals or Non-Profit Direct Members - \$250
- Associate (non-voting) Members - \$25

Please select the region of your primary residence or your organization's location.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Upper Chatt | <input type="checkbox"/> Mid/Lower Chatt |
| <input type="checkbox"/> Flint | <input type="checkbox"/> Apalachicola |

Have you been officially designated or endorsed by an organization, local government or constituency as its preferred representative? Yes No

If Yes, name of organization:

STATEMENT OF EXPERIENCE

Briefly elaborate on your experience and activities related to your primary area of interest.

I acknowledge by signing this form that I have read and understand the provisions of the ACFS Charter and Bylaws and the Operating Policies and Procedures. I have the authority to agree to their provisions on behalf of my sponsoring organization. I agree to adhere to them and to cause my sponsoring organization to do so, as a condition of membership in the ACFS.

Please submit your completed application

Signature _____

By Mail:
ACF Stakeholders
P.O. Box 1612
Albany, GA 31702

By E-Mail:
admin@acfstakeholders.org
By Fax:
(229) 878-1998

Date _____