

Membership Application/Renewal

Please provide the following information for membership or renewal:

Name	Title	
Organization		
Address		
City	State	Zip
Telephone	Fax	Email
Website	Years with Organization	

Type of Membership:

- Friend Organizational Member.....\$350
- Individual Member.....\$100
- Donation.....\$ _____

Membership is for one year from the date dues are received. Federal Circular A-122 permits grant funds to be used to join professional associations such as Ascend. Please notify Ascend if you are using grant funds to pay for membership, so that we may segregate your dues from any lobbying expenditures. Former NAEA lifetime members should contact Ascend for details on the new Ascend membership structure.

I would like to contribute an additional amount for legislative lobbying efforts: (Please check one)

- \$25 \$50 Other _____

Payment Information:

- Check enclosed (Payable to Ascend)
- Charge \$ _____ to my: American Express Visa Mastercard

Account Number	Expiration Date
Cardholder's Name	CVV Code
Credit Card Billing Address	Signature

Please either fax this form to **(866) 935-4850**
or mail it, along with payment to Ascend at:
5500 Interstate North Parkway, Suite 540
Atlanta, GA 30328

For more information, contact: ceckley@weascend.org or call Christine Eckley at 202-248-5420

By signing, the membership applicant (organization or individual) fully supports the waiting for sex until marriage message.

Signature	Date
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