



# National Coalition for Literacy

## Membership Application

NCL has three categories of membership: full members, associate members, and friends (Individuals). Annual dues vary based on the category of membership; please see the *Information for Prospective Members* page on our Web site for more information on dues and benefits.

In order to determine the membership category best suited for you or your organization, please complete this questionnaire.

**To submit your application, complete this Word document and return it to NCL:**

- By e-mail at [ncl@ncladvocacy.org](mailto:ncl@ncladvocacy.org), or
- By regular mail at National Coalition for Literacy, PO Box 2932, Washington, DC 20013-2932

**NOTE: If you are applying as an individual to become a Friend, please go directly to PART IV.**

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### PART I: Full Membership

1. Is your organization exempt from U.S. federal income tax under Internal Revenue Code Section 501(c)(3), or as a state college or university or a program or institute of a state college or university??  Yes  No
2. Are your organization's activities primarily focused on **adult education** (adult education and family literacy, high school equivalency assessment and instruction, ESOL, immigration education issues, ABE, ASE, etc.)?  Yes  No

**If you answered NO to either of the questions above, please skip to Part II, Associate Membership.**

3. Is your organization engaged **nationally in work intended to influence adult education public policy** at the **federal** level?  Yes  No
4. Does your organization have a **national membership** or **manage projects that are national in scope**?  Yes  No

**If you answered NO to both of the questions above, please skip to Part II, Associate Membership.**

**If you answered YES to the either of the questions question above, you are eligible to become a FULL MEMBER. You may skip to Part III and select either FULL MEMBER, or ASSOCIATE MEMBER. (We encourage you to become a full member, but feel free to choose whatever best suits your needs.)**

## PART II: Associate Membership

5. Is your organization a **state, regional, or local organization** with a substantial (or primary) adult education focus?  Yes  
 No
6. Is your organization a **for-profit organization or business** with a substantial (or primary) adult education focus?  Yes  
 No
7. Is your organization a national not-for-profit organization without a substantial adult education focus, but with a strong interest in working with NCL to strengthen adult education?  Yes  
 No

**If you answered YES to any of the questions above, please skip to Part III and select ASSOCIATE MEMBER.**

If you answered NO to all three of the questions above, your organization is not eligible to become a member, but as an individual, you are encouraged to join as a Friend.

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## PART III: Membership Categories

Please check one:

- 1. Full Member**  
 **2. Associate Member**  
 **3. Friend (Individual)**

**Dues:** Please note that if membership is approved, the eligible applicant will be billed annually for dues according to the appropriate category of membership. Membership is by calendar year. First-time applicants may also choose to enclose their initial dues payment with this application.

Full Members		Associate Members	
Small (annual budget less than \$250,000)	<b>\$250</b>	Small (annual budget less than \$250,000)	<b>\$100</b>
Medium (annual budget \$250,001-\$1,000,000)	<b>\$600</b>	Medium (annual budget \$250,001-\$1,000,000)	<b>\$250</b>
Large (annual budget \$1,000,001+)	<b>\$1000</b>	Large (annual budget \$1,000,001+)	<b>\$500</b>

**Friends: Minimum contribution of \$75**

- Payment is enclosed  
 Please bill me

**Waiver Policy:** Associate applicants may ask for a waiver or partial waiver of dues for no more than one year on the basis of compelling economic need. Such applicants should (a) complete this application and (b) explain the nature of the need in a separate statement. Members and Friends are not eligible for a dues waiver.

**PART IV. APPLICANT INFORMATION**

All applicants should provide the following information.

Date: \_\_\_\_\_

Name of applicant organization or individual:  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

URL: \_\_\_\_\_

**NOTE: Individuals who are applying as Friends can skip to PART V.**

**Primary Delegate** - Name and Title:  
\_\_\_\_\_

Email: \_\_\_\_\_

Organizational members are free to encourage anyone associated with their organization to participate in NCL activities! However, we need one name from each organization to serve as NCL’s primary point of contact and for voting matters.

**Alt. Delegate (optional)** - Name and Title:  
\_\_\_\_\_

Email: \_\_\_\_\_

**PART V: Applicants to become a Friend of NCL should complete this section.**

**Friends** are individuals who have a personal or professional interest in adult education and/or family literacy but do not represent an organization. Persons who have official government duties in adult education and/or family literacy are not eligible to join as a Friend. Please provide a description of your involvement or interest in adult education and/or family literacy; you may also submit a resume or curriculum vitae.

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**FOR ALL APPLICANTS: THE APPLICANT AGREES TO SUPPORT THE MISSION AND OBJECTIVES OF THE NATIONAL COALITION FOR LITERACY AND TO WORK IN GOOD FAITH WITH FELLOW MEMBERS AND THE BOARD MEMBERS AS PARTNERS TOWARD ACHIEVEMENT OF THE COALITION'S GOALS.**

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Name

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Signature

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Date

*FORM revised September 2016*