



FOUNDATION MEMBERSHIP APPLICATION

ORGANIZATION INFORMATION

Organization Name:

Organization Address:

City:

State:

ZIP Code:

Email:

Phone

Fax:

MEMBER INFORMATION

HRYN Liaison Name:

Title:

Email:

Phone:

Fax:

FORM OF PAYMENT

Please Choose Form of Payment:

- Credit Card/Pay Pal (MasterCard or Visa)

____ - ____ - ____ - ____ exp ____/____ cvv# ____

- Purchase Order #: _____ (Must be provided at the time of application submission)

- Mail Check in the amount of **\$900.00** to:

RFK Children's Action Corps - HRYN

11 Beacon Street, Suite #820

Boston, MA 02108

For reference please provide the contact of your organizations business office.

Billing Contact:

Phone:

Email:

Fax:

FOUNDATION MEMBERSHIP BENEFITS

One Member Liaison-access to training/resources during monthly forums

One training seat at external trainings/events sponsored by HRYN and 30% discount to your organization

Scan and email completed application to: Ngoldman@RFKchildren.org