



## GROWTH MEMBERSHIP APPLICATION

### ORGANIZATION INFORMATION

Organization Name:

Organization Address:

City:

State:

ZIP Code:

Email:

Phone

Fax:

### MEMBER INFORMATION

HRYN Liaison Name:

Title:

Email:

Phone:

Fax:

HRYN Liaison Name:

Title:

Email:

Phone:

Fax:

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 submitted at the time of application submission)

Mail Check in the amount of **\$1,500.00** 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:

### GROWTH MEMBERSHIP BENEFITS

Two Member Liaisons-access to training/resources during monthly forums

Third member liaison discounted at 50% of Foundation Member rate

Two free training seats at external trainings/events sponsored by HRYN and 30% discount to your organization

Scan and email application to: [NGoldman@RFKchildren.org](mailto:NGoldman@RFKchildren.org)