



OPPORTUNITY 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:

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 **\$3,000.00** to:

RFK Children's Action Corps - HRYN

11 Beacon Street, Suite #820

Boston, MA 02108

Scan and email application to:

NGoldman@RFKchildren.org

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

Billing Contact:

Phone:

Email:

Fax:

OPPORTUNITY MEMBERSHIP BENEFITS

Four Member Liaisons-access to training/resources during monthly forums with additional members discounted at 50% of the Foundation Member rate

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

Collaborative opportunities with RFK Children's Action Corps

Participate in HRYN quarterly Leadership meetings

