

Human & Civil Rights Organizations of America
MEMBERSHIP AFFILIATION FORM

Organization Name: _____

The above named organization hereby seeks to affiliate with Human & Civil Rights Organizations of America, Inc. (HCROA), as a member for the 2016 Combined Federal Campaign. We understand that HCROA will:

- Screen our application in accordance with the eligibility requirements of the CFC as published by the U.S. Office of Personnel Management (OPM), forwarding said application to OPM if HCROA deems it to be eligible;
- Report to us in writing the amount of money that has been pledged to our organization in the 2016 CFC, projecting the amount we can reasonably expect to receive after local CFC administrative costs, donor non-fulfillment, and the HCROA fee (see below) are taken into account;
- Forward to us the names and contact information of those federal donors who ask to be acknowledged by our organization; and
- Forward to us donated CFC funds that are received on behalf of our organization by HCROA from the 2016 CFC minus any HCROA fee (see below).

We acknowledge that the final determination of our organization's eligibility will be made by OPM.

I certify by my signature below that I have read and acknowledge HCROA's Affiliation Form:

Certifying Signature _____ *Date:* _____

Print or Type Name: _____ *Title:* _____

HCROA Membership Fee Policy

HCROA asks members to contribute to the cost of screening applications, reporting pledges, distributing funds, and other CFC related activity. The fee to be paid by any organization reflects that organization's net receipts in the CFC.

For the 2016 CFC, HCROA will charge 4.5 percent of a member's net receipts, with a minimum fee of \$400. HCROA will never assess more than one third of an organization's net receipts even if this does not meet the \$400 minimum. The fee will be capped at \$5,000.

I have read and acknowledge HCROA's Membership Fee Policy.

Certifying Signature _____ *Date:* _____

Print or Type Name: _____ *Title:* _____