



**cafemontgomerymd**

**COALITION FOR THE ADVANCEMENT OF FINANCIAL EDUCATION**

*An Affiliate of Family Services, Inc.*

**COALITION FOR THE ADVANCEMENT OF FINANCIAL EDUCATION  
MEMBERSHIP APPLICATION YEAR -- 7/1/2015 to 6/30/2016**

I wish to make a commitment to improve the financial literacy and to promote and deliver financial education to all Montgomery County residents. Please enroll me as:

**Summa Cum Laude Sponsor** **\$5,000 or More**

Your name, logo, and level of contribution are *prominently* displayed on all our general promotional materials, displayed on our website's Sponsor Page, with links to your website; and free space to display your logo, signage and promotional materials at our special events. This level allows up to ten voting members.

**Magna Cum Laude Sponsor** **\$2,500**

Your name, logo, and level of contribution are displayed on all our general promotional materials, displayed on our website's Sponsor Page, with links to your website and on promotional materials at our special events. This level allows up to five voting members.

**Cum Laude Sponsor** **\$1,000**

Your name, logo, and level of contribution are displayed on all our general promotional materials, displayed on our website's Sponsor Page and on promotional materials at our special events. This level allows up to three voting members.

**Honor Roll Sponsor** **\$500**

Your name, logo, and level of contribution are displayed on all our general promotional materials, and displayed on our website's Sponsor Page. Organizations and agencies included are banks, credit unions, financial services or legal services companies with more than 10 full-time professionals, and other consumer lending organizations. This level allows up to two voting members.

**Financial services or legal services companies with 10 or fewer full-time professionals** **\$100**

**City, County and State Government Agencies** **\$100**     **Other not-for-profit organizations or associations** **\$100**

**501 (c) 3 Organizations** **\$100**     **Other small businesses/organizations with less than 10 employees** **\$100**

**Individual Member** **\$ 25**     **Student or Volunteer (circle one)** **\$-0-**

**-----MEMBERSHIP DUES COVER THE PERIOD JULY 1 THROUGH JUNE 30 PER MEMBERSHIP YEAR-----**

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Please check if renewing your membership.**

**Check One:**  
 **New Individual**  
 **New Organization**

How did you hear about us? \_\_\_\_\_

I would like to work on the following committee (choose at least one):

- Program     Membership     Communications     Advocacy     Fiscal

**Membership/Sponsorship Annual Agreement:**

1. I am (we are) committed to advancing the goals of the Coalition in accordance with the Coalition's Governance Document ([www.cafemontgomerymd.org/governance](http://www.cafemontgomerymd.org/governance)).
2. My annual membership is contingent on the continued proper and ethical treatment of consumers.
3. In the event that I (we) have been investigated or involved in any predatory lending, financing or other consumer protection violation, I must provide the Coalition a written explanation of the nature of the situation.
4. If any conflict of interest arises or if any association could be potentially detrimental to the interest of the Coalition, I will immediately provide the Coalition with an explanation.

Signature: \_\_\_\_\_

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

Please make your check payable to **Family Services, Inc.**, our fiscal sponsor, and reference **CAFE MONTGOMERY MD** in the memo section of your check and mail to: **CAFE Montgomery MD, PO Box 294, Gaithersburg, Maryland 20884**