2023 Organization Membership Renewal Form

Celebrating more than 30 Years of Advocating for Alabama’s Children

For more than 30 years, VOICES for Alabama’s Children has been the trusted voice for children. To help make that voice even stronger and ensure Alabama decision makers make sound policy decisions for Alabama’s children, we need your help.

JOIN TODAY as an organizational member and help us ensure every Alabama child has the opportunity to succeed!

You may pay your membership dues by sending this form via mail, email or on our website: www.alavoices.org

Membership Amount: $ ___________  ____ My check is enclosed  ____ Please invoice me  ____ Please charge my credit card

Prefix: □ Dr.  □ Mr.  □ Ms. □ Mrs. □ Other _______

Contact Name: ____________________________

Title: __________________________________________

Organization:______________________________

Work Address: ________________________________

City, State and Zip: ____________________________

County: ________________________________

Telephone and Ext.: ____________________________

E-Mail Address: (required)

Credit Card Information

□ Visa  □ Discover  □ American Express  □ MasterCard

Name on card: ____________________________________________________________

Billing Address for card:

__________________________________________________________________________

Card Number: ___________/_______ CVC Code: _______ (3 digit code)

Signature: (required)

__________________________________________________________________________

VOICES for Alabama’s Children Membership Organizations are listed in the Annual Report, on our website, and in other publications.

□ Please list the Organization as follows: _______________________________________________________

□ I do not wish for the Organization to be listed in VOICES Annual Report, publications, or on the website.

Questions? E-mail vfac@alavoices.org or call 334-213-2410

Office Use Only

Check # _______ Check Amt: $_________ Check Date: ______

PayPal Ref # _______ Auth Code: _______

Transaction Date: ____________________________

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