

# ARCCA Affiliate Member Application

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## ORGANIZATION INFORMATION AND INTEREST

NAME OF ORGANIZATION

ORGANIZATION'S DEFINED ADAPTATION FOCUS AND REGIONAL INTEREST(S)

ORGANIZATION'S INTEREST IN BECOMING AN AFFILIATE MEMBER OF ARCCA

DESCRIBE YOUR ABILITY AND INTEREST IN PARTICIPATING IN ARCCA EVENTS AND ACTIVITIES

DISCUSS WHAT YOUR ORGANIZATION HOPES TO GAIN AS AN ARCCA AFFILIATE MEMBER

DISCUSS WHAT YOUR ORGANIZATION HOPES TO SHARE WITH ARCCA

## AFFILIATE MEMBER RESPONSIBILITIES

- We have read and agree to support and promote ARCCA's mission and values.
- We agree to represent ARCCA to other organizations, regional collaboratives, and local stakeholders, improving ARCCA's ability to understand needs, foster dialogue, and build and maintain relationships.
- We agree to represent our organization, industry, or sector to ARCCA leadership by keeping abreast of major activities, understanding major trends and issues, fostering partnerships, and recommending integrated solutions to advance ARCCA's mission.
- We agree to, when requested, keep confidential or non-attributable (as appropriate) any disclosed information, conversations, or resources, to allow review of early drafts of documents and frank discussion of programs and projects.
- We understand that affiliate members are expected to contribute annual dues and agree to pay invoices in a timely manner. We understand that the due structure may change in the future and will be given advance notice of any anticipated changes.

## ANNUAL CONTRIBUTION

TIER LEVEL AND ORGANIZATION TYPE (PLEASE REFER TO ARCCA AFFILIATE MEMBER STRUCTURE AND BENEFITS)

Tier Level (Annual Operating Budget):

Organization Type:

SEND INVOICES TO:

Name	
Title	
Email Address	

## CONTACT INFORMATION

PRIMARY CONTACT (NAME, TITLE, EMAIL, PHONE)

Name	
Title	
Email Address	
Phone Number	

SECONDARY CONTACT (NAME, TITLE, EMAIL, PHONE)

Name	
Title	
Email Address	
Phone Number	