



ACTS
Alliance of Communities Transforming Syracuse

Application for Membership Form

To: Rev. Kevin J. Agee, ACTS President, & ACTS Board of Directors

My Congregation/Organization: _____

Pastor/Imam/Rabbi/Director: _____

My Congregation/Organization hereby joins the Alliance of Communities Transforming Syracuse (ACTS), and agrees and commits to:

- (1) Support the values, goals, and purposes of ACTS, as described in the By-laws of the Corporation.
- (2) Assign Representatives to the ACTS Board of Directors and agree to participate in all meetings.
- (3) Form an Institutional Core Team to engage in the process of listening, reflection, research, training and action on issues; and send at least two leaders from the member institution to training.
- (4) Bring all issues and proposed actions for ACTS support to the Board of Directors for approval prior to using the name of the Corporation.
- (5) Pay Membership Dues and participate in the fundraising efforts of ACTS

Our Annual Membership Dues will be \$_____ for 200_____.

Contact Information:

Address: _____

Phone: _____ Email: _____

Signed: _____

Date: _____