



**Renewing Your PAFCO Membership Is A Breeze**  
**Protecting Arizona's Family Coalition 2016 Membership Form**

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

Full Mailing Address: \_\_\_\_\_

Main Agency Representative to PAFCO: \_\_\_\_\_ Title: \_\_\_\_\_

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

Agency Website: \_\_\_\_\_ Agency Legislative District(s): \_\_\_\_\_

Other Names & Emails to Receive Email Updates and Action Alerts:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

*\*If you would like additional members of your team to receive updates, please attach an additional page. Membership is valid for all employees, volunteers and board members of the organization - there is no limit on the number of individuals to receive information, news alerts and updates from PAFCO.*

