



Religious Action Network Membership Form

Name of Clergy: _____

Congregation: _____

Address: _____

City/State/Zip: _____

Phone: _____ Alt. Phone: _____

Fax: _____ E-Mail: _____

Website: _____

Primary RAN Contact (Assistant Clergy or Social Action Leader):

Congregations are encouraged to support RAN financially. While a monetary contribution is not necessary for membership, all are encouraged to include RAN as a line item in their budgets or to send Africa Action the proceeds of an annual collection. PLEASE CONSIDER A CONTRIBUTION TODAY!

Amount of Contribution: \$ _____

Method of Payment:

Check Visa AmEx Discover MasterCard

Name on Card: _____

Card Number: _____

Exp. Date: _____ Signature: _____

Please return this form to Africa Action at:

1634 Eye Street, N.W., Suite 810
Washington, DC 20006

Fax: 202-546-1545 or E-mail: mobilize@africaaction.org