



Florence Area Community Coalition

P.O. Box 1161, Florence Oregon 97439
www.florenceareacc.org

2022-2023 MEMBERSHIP APPLICATION

FACC Mission Statement: To improve the quality of life in Western Lane County through partnerships, networking, volunteerism, community involvement, education and awareness.

Name of Individual/Organization/Business: _____

Contact Person (if business or org.): _____

Address: _____

Phone: _____ Email: _____

Website (if applicable): _____

Hours of operation: _____

Brief description of your services:

Membership Category (check one): ___ Org/Business (\$50) ___ Individual (\$25)

Membership in the Coalition is open to all: * clubs and associations * government agencies * religious organizations * lodges and fraternal organizations * senior citizen and youth organizations * law enforcement agencies * veteran’s groups * hospitals * physical and mental health care providers * individuals * businesses and business groups *

Dues: \$50 per agency/organization/business per year (July 1 – June 30).
\$25 per individual, per year.

Yes, I would like to support the FACC in its mission by donating:_____

I would like our organization/agency to be listed in the Service Directory on the FACC website:

Yes No

If yes, please email the information for your FACC Service Directory listing to:
florenceareacc@gmail.com

Please return completed application with your check to:

FACC, Attention Treasurer, PO Box 1161, Florence, OR 97439

OFFICE USE ONLY: Date: _____ Amount: _____ Ck. Number: _____