

The Principal communication pathway for leaders of nongovernmental child welfare organisations worldwide

Membership Dues Form

Organization Name:	
City:	State/Region/Province:
Postal/Zip Code:	Country:
Phone:	-
Please Indicate: Membership Renewal	Amount of Membership dues:
☐ New Membership	(see below)
Credit Card Information:	
Visa or Mastercard Number:	
Name (as it appears on credit card):	
Expiration Date:	
NOTE: If you wish to send a check, please m	ake them payable to: Action for Child Protection and indicate this is for IFCW
dues. If you need to arrange another metho	d of payment, please contact Kay Thomas at
kay.thomas@actionchildprotection.org	
Print and mail completed form to:	
Action for Child P	rotection
Attention: IFCW r	nembership
2101 Sardis Road	·
Charlotte, NC 282	,
Or save file and email:	
	s@actionchildprotection.org