

IRFA Membership Application Form

For questions regarding payment or membership details, please contact Michaelah Gertz-Billingsley at michaelah.gertz-billingsley@cpjustice.org or call the CPJ office at 202-695-2667.

Date:		
Organization Information:		
Name:	Website: _	
☐ Keep this Membershi	p Private	
Organization Address:		
Address Line 1:	Address L	ine 2:
City:	State:	Postal:
Primary Contact Information	on:	
First Name:	Last Name	e:
Phone Number:	Phone Typ	pe:
Title:	Email: —	
☐ I consent to receive S	MS on this number	
Administrative or Financial	Contact:	
First Name:	Last Name	ə:
Phone Number:	Phone Typ	pe:
Title:	Email:	
☐ I consent to receive S	MS on this number	
· ·	our commitment to institutional re	Public Justice comprises both grassroots and ligious freedom for all faith-based
Please indicate your organiz	zation's budget below:	
	Annual Revenue	Annual Dues
	□ \$1,000,000 +	\$2000
	□ \$500,000 - \$999,999 □ \$250,000 - \$499,999	\$1000 \$500
	□ \$250,000 - \$477,777 □ \$0 - \$249.999	\$250

IRFA Member Pledge

On behalf of the organization, we support IRFA's mission to uphold the religious freedom of faith-based service organizations of all religious traditions.

We will speak respectfully about IRFA and other IRFA members, even if criticizing IRFA's policies and actions, its staff, or its members.

We understand that IRFA is part of the Center for Public Justice, a Christian organization that is committed to religious freedom for institutions and individuals of all faiths, and we support that commitment as the right, wise, and only strategy that will lead to persuasive influence on government, the media, and the public.

application be approved by IRFA.		
Signature:	Date:	
Printed Name:		

I, on behalf of my organization, agree to abide by the IRFA Membership Pledge, should this