



# National Coalition For Literacy

## Membership Application

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The National Coalition for Literacy (NCL) has three categories of membership: 1. Members, 2. Associates, and 3. Friends (Individuals). Annual dues vary based on the category of membership; please see the *Information for Prospective Members* page for more information on dues and benefits.

In order for NCL to determine whether your organization is eligible to become a Member or an Associate, please complete this questionnaire. Applicants may be asked to provide additional information so that the NCL Internal Affairs committee may determine eligibility for membership.

**If you are applying as an individual to become a Friend, please go directly to PART V.**

**You may submit the application:**

- 1 Online**
- 2 Or, download the application as a Word document, complete and return to NCL by e-mail at [ncl@ncladvocacy.org](mailto:ncl@ncladvocacy.org), fax (1-866-738-3757), or by regular mail (National Coalition for Literacy PO Box 2932 Washington, DC 20013-2932).**

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### PART I.

1. Is your organization exempt from U.S. federal income tax under Internal Revenue Code Section **501(c)(3)**?  Yes  
 No
2. Is your organization exempt from U.S. federal income tax as a state college or university or a program or institute of a state college or university?  Yes  
 No

**If your organization answered YES to question 1 or 2, please skip to PART III.** If your organization answered NO to both questions 1 and 2, please continue to PART II.

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### PART II.

3. Is your organization a **state, regional, or local organization**?  Yes  
 No

4. Is your organization a **for-profit organization or business**?  Yes  
 No

**If your organization answered YES to questions 3 or 4 (or both), please skip to PART III, Question 6.** If your organization answered NO to both question 3 and 4, please continue to PART III, Question 5.

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### PART III

5. Does your organization have a **substantial focus on adult education**, such as adult education and family literacy, GED ® testing or instruction, English to Speakers of Other Languages (ESOL) and immigration issues, adult basic education (ABE), or adult secondary education (ASE)?  Yes  
 No

**If your organization answered YES to question 5, please skip to PART IV, Question 7.** If your organization answered NO to question 5, please continue to Question 6.

6. Does your organization agree to support NCL's objective of **improving adult education and family literacy**?  Yes  
 No

If your organization answered YES to this question, please complete the remainder of this application as an Associate and skip to PART V. **If your organization answered NO to this question, your organization is not eligible for membership.**

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### PART IV.

7. Is your organization engaged **nationally in work intended to influence adult education public policy** at the **federal** level (beyond regular contact with your members of Congress)?  Yes  
 No
8. Does your organization have a **national membership**?  Yes  
 No

9. Does your organization **manage projects that are national in scope**?  Yes  
 No

10. Does your organization maintain a **presence in Washington, DC**?  Yes  
 No

If your organization answered YES to at least one of the above questions, please complete the remainder of the application as a Member. **(If your organization was not able to answer YES to any of the above, your organization may be eligible to become an Associate, and you should return to PART II.)**

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## **PART V: Membership Categories**

**Please check one:**

\_\_\_\_\_ **1. Member**

- Eligible to vote on all matters authorized in the NCL bylaws or requested by the board of directors.
- Organization listed on NCL stationery.
- Organization identified as a Member on the NCL website.
- Must designate an NCL Representative and may send up to three (3) named additional delegates to quarterly meetings.
- Eligible to serve on NCL committees and if nominated or appointed to serve as an NCL director or officer.
- All delegates may contribute actively to policy development.
- Organization entitled to automatic NCL link to its own website.

\_\_\_\_\_ **2. Associate**

- Organization identified as Associate on the NCL website.
- Must designate a primary member and may send (1) named additional delegate to quarterly meetings.
- Eligible to serve on NCL committees and if nominated or appointed by the board of directors may serve as an NCL director or officer.
- All delegates may contribute actively to policy development.
- Organization entitled to automatic NCL link to its own website.

\_\_\_\_\_ **3. Friend (Individual)**

- Individual identified as Member on the NCL website.
- At the discretion of the board or recommendation of the president, may serve on NCL committees or serve as an NCL director or officer.
- May contribute to policy development.

**Dues:** Please note that if membership is approved by the NCL Internal Affairs committee, the eligible applicant will be billed for annual dues according to the appropriate category of membership. Membership is by calendar year.

**Waiver Policy:** Associate applicants who are continuing in NCL from a previous year may ask for a waiver or partial waiver of dues for no more than one year on the basis of compelling economic

need. Such applicants should (a) complete this application and (b) explain the nature of the need in a supplemental e-mail to ncl@ncldc.net. Members and Friends are not eligible for a dues waiver.

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**PART VI. All applicants should provide the following information.**

Date: \_\_\_\_\_

Name of applicant organization or individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Web site address: \_\_\_\_\_

**NOTE: Individuals who are applying as Friends should skip to PART VII.**

**Primary Delegate** - Name and Title: \_\_\_\_\_

Primary Delegate Email: \_\_\_\_\_

Name and title of additional delegates (one additional delegate for Associates and three additional delegates for Members):

**Delegate 1** - Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Delegate 2** - Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Delegate 3** - Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**PART VII: Applicants to become a Friend of NCL should complete this section.**

**Friends** are individuals who have a personal or professional interest in adult education and/or family literacy but do not represent an organization. Persons who have official government duties in adult education and/or family literacy are not eligible to join as a Friend. Please provide a description of your involvement or interest in adult education and/or family literacy; you may also submit a resume or curriculum vitae.

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(learner, tutor, teacher, researcher, professional development staff, administrator, policy analyst, librarian, other)

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**THE APPLICANT AGREES TO SUPPORT THE MISSION AND OBJECTIVES OF THE NATIONAL COALITION FOR LITERACY.**

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Name

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Signature

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Date

FORM revised 10-13-11