



Consumer Federation of America

Consumer Agency Membership Application

Eligibility: City, county and state government consumer protection agencies.

***Indicates required field**

The undersigned, acting on behalf of the applicant, hereby applies for Associate Membership as a (select one) *

- City Consumer Agency \$75
- County Consumer Agency \$100
- State Consumer Agency \$200

In compliance with CFA's requirements, I am submitting the following information:

Agency Name* _____

First Name* _____

Last Name* _____

Job Title* _____

Country _____

Address Lines _____

City _____

State/Province _____

Postal Code _____

Email* _____

Phone _____

Organization's Website _____

Signature* _____

Please provide a brief description of the agency's mission and functions:*

How did you hear about CFA?

