



# Consumer Federation of America

## Membership Application

**Eligibility:** Nonprofit/not-for-profit organizations or associations that support the goals and programs of CFA.

**\*Indicates required field**

**The undersigned, acting as an officer of the applicant nonprofit organization, hereby applies for (select one)\***

- Consumer Group Membership (public interest/advocacy groups)
- Supporting Group Membership (labor organizations)

**CFA requests information from applicants about their organization, including mission statement and/or objectives, and annual budget.**

**Annual Budget\***

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**Are you a Non-Profit Organization?\***

- Yes
- No

**Mission Statement\***

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**Organization's Website**

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**First Name\***

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**Last Name\***

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**Job Title\***

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**Country**

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**Address Lines**

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**City**

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**State/Province**

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**Postal Code**

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**Email\***

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**Phone**

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**Signature\***

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**How did you hear about CFA?**

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