



Alliance for Community Transformations
C/O The Lightning Jar
194 North St.
Bennington, VT 05201
802.442.0713 x9
actbennington.org

New Member Sign Up Form

Name: _____

Address: _____

Email: _____

Phone: _____

Company: _____

Title: _____

What is your preferred method of contact to receive news and information about events from ACT? *

- Email
- Physical Mail
- Facebook Post
- Other (please specify):

10. Organization/Program Name _____

11. Organization/Program Website (If Applicable) _____

12. Which sector best describes your organization or program?

- | | |
|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> State, Local or Tribal Government |
| <input type="checkbox"/> Media | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> School | <input type="checkbox"/> Substance Abuse Treatment or Recovery |
| <input type="checkbox"/> Youth-Serving Organization | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Law Enforcement/Corrections | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Religious/Fraternal Organization | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Civic/Volunteer Group | |
| <input type="checkbox"/> Healthcare Professional | |