

TO: MAUREEN COFFEY
Secretary, Arlington County Civic Federation

FROM: Name: _____

Officer position: _____

Organization: _____

SUBJECT: Annual Membership Certification

In accordance with Article II, §2.03 of the Arlington County Civic Federation Bylaws, I certify that [organization] _____ currently has at least 20 members.

I also certify that the primary objective of [organization] _____ is consistent with ACCF's purposes and goals to promote the general welfare of Arlington County and its vicinity in a non-partisan, non-sectarian, non-sectional and non-political manner.

Signature: _____

Date: _____

Send to accfmembership@gmail.com