

2020-2021 ACCF ANNUAL MEMBER CERTIFICATION

[Due by October, 31st 2020]

TO: Secretary, Arlington County Civic Federation

FROM: Name: _____

Officer position: _____

Organization: _____

SUBJECT: Annual Membership Certification

In accordance with Article II, §2.03(1) of the Arlington County Civic Federation Bylaws, I certify that the [organization] _____ currently has at least 20 members.

I also certify that the primary objective of the [organization] _____ is consistent with the 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: secretary@civfed.org