



**Access to Benefits Coalition  
National Membership Enrollment Form**

\_\_\_\_\_ Yes, my national non-profit organization wishes to join the Coalition

\_\_\_\_\_ We may be interested in joining the Coalition but wish further information

**Organization Name:** \_\_\_\_\_

**Respondent or Primary Contact (if other than respondent):**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Your Working Group Preference (and your representative(s) if different)**

**1. Mobilization & Grassroots** \_\_\_\_\_ **Name** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. Communications & Media Relations** \_\_\_\_\_ **Name** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**3. Research & Policy** \_\_\_\_\_ **Name** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

*Please complete and return your form by e-mail to [info@abcrx.org](mailto:info@abcrx.org) or by fax to 202-479-0735.  
Attention: Barbara Shaheed.*