



National AIDS Housing Coalition MEMBERSHIP ENROLLMENT FORM

TYPE (Select One)	LEVEL	MEMBERSHIP FEE	AMOUNT
<input type="checkbox"/> Agency	Operating Budget (not including capital or pass-through) fits in following range, select one <input type="checkbox"/> Greater than \$5 million <input type="checkbox"/> \$1 million to \$ 5 million <input type="checkbox"/> \$750,000 to \$ 1 million <input type="checkbox"/> \$500,000 to \$750,000 <input type="checkbox"/> Under \$500,000	\$1000 \$500 \$300 \$200 \$100	\$ _____
<input type="checkbox"/> Individual	<input type="checkbox"/> AIDS Housing Consumer <input type="checkbox"/> Associate <input type="checkbox"/> Member <input type="checkbox"/> Contributor <input type="checkbox"/> Donor	<i>Waived</i> Up to \$50 Up to \$100 Up to \$250 Over \$250	\$ _____
<input type="checkbox"/> Corporate	<input type="checkbox"/> Associate <input type="checkbox"/> Member <input type="checkbox"/> Builder <input type="checkbox"/> Developer	Up to \$250 Up to \$500 Up to \$1,000 Over \$1,000	\$ _____
<input type="checkbox"/> Additional Gift			\$ _____
Make Check Payable To: National AIDS Housing Coalition Mail payments to: National AIDS Housing Coalition 727 15th Street NW, 6th Floor Washington, D.C. 20005		Total Due Total Enclosed	\$ _____ \$ _____

Name _____ Date _____

Title _____ Agency _____

Street Address _____

City _____ State _____ Zip _____ Congressional District (optional) _____

Phone _____ FAX _____

E-mail _____

Website (if applicable) _____

How did you hear about NAHC membership opportunities?

- NAHC Website
 Email Bulletin
 NAHC Mailing
 Word of mouth
 Another organization
 Other _____

Thank you for your support!