



Michigan Coalition Against Homelessness 2018 Membership

Membership runs annually from date of payment

Individual		
Previously or Currently Homeless Individual or Family	No fee	
Student / Senior (65+)	\$15	
Standard	\$30	
ADDITIONAL DONATION		
TOTAL		

Name: _____

Organizational Name (if applicable): _____

Title / Position (if applicable): _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

County: _____ **Phone:** _____

Email: _____

- Yes, you may acknowledge me/my agency on your website and Facebook page
- Please keep my/our membership status private in any public acknowledgments
- Yes, you may add me to the following electronic newsletter distribution lists
 - MCAH General eNews & Alerts
 - Legislative Action Committee & Public Policy email list
- Yes, I may be interested in serving on the Board of Directors or a board committee

For Office Use Only

Date Recd: _____

Date Letter Sent: _____

6 Month Follow Up: _____



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Organizational Non-Profit and Government Agency		
Budget \$0 - \$500,000	\$225	
Budget \$500,001 - \$1,000,000	\$325	
Budget \$1,000,001 +	\$550	
ADDITIONAL DONATION		
Total		

Organization Name: _____

Name of Member or Point of Contact: _____

Title / Position: _____

Please Specify: _____ **Non-Profit** _____ **Government Agency** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

County: _____ **Phone:** _____

Email: _____ **Website:** _____

Additional contacts from your agency: _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

Name: _____ **Email:** _____

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