

Please Circle the Appropriate Membership Category:

Nonprofit Homeless Service Organizations:

Budget Under \$100,000	\$100	Budget \$500,000 - \$1 million	\$750
Budget \$100,000 - \$250,000	\$250	Budget \$1 – 3 million	\$1,000
Budget \$250,000 - \$500,000	\$500	Budget Over \$3 million	\$2,000

* Multi-purpose agencies should use the budget for homeless services and the budget amount can be based on actual funding received in prior years.

Government Agency \$50

For Profit Organization \$150

Individual*

Member	\$15	Supporter	\$100
Friend	\$50	Benefactor	\$250
Homeless/Low Income - any amount	_____	Visionary	\$1,000

Name _____ Date _____

Please give us any new or changed information:

Title of Representative (if applicable)

Organization (if applicable)

Address

City _____ State _____ Zip _____

Phone _____ FAX _____

Email address

New member non-profits, please attach a copy of your mission statement.

Contributions are tax-deductible the extent allowed by law.

Make checks out to: **NM Coalition to End Homelessness**

Please mail completed form to:

PO Box 865, Santa Fe, NM 87504

Thank You!