



New Mexico Coalition to End Homelessness

Membership Form

Yes, I want to end homelessness in New Mexico!

Name _____ Date _____

Title (if applicable) _____

Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

Email _____

____ First time member non-profits, please attach a copy of your mission statement.

Please check the appropriate lines:

____ **I wish to be a Voting Member and have a voice at Coalition meetings**

**Voting Member Suggested Dues
for Non-profit Organizations*:**

| | | |
|------|-------------------------|---------|
| ____ | Budget under \$100,000 | \$100 |
| ____ | \$100,000 - \$250,000 | \$250 |
| ____ | \$250,000 - \$500,000 | \$500 |
| ____ | \$500,000 - \$1M | \$750 |
| ____ | \$1M - \$3M | \$1,000 |
| ____ | Over \$3M | \$2,000 |
| ____ | Government Agency | \$50 |
| ____ | For Profit Organization | \$150 |
| ____ | Other \$ _____ | |

**Voting Member Suggested Dues
for Individual Members:**

| | | |
|------|--|-------|
| ____ | Basic | \$15 |
| ____ | Friend | \$50 |
| ____ | Supporter | \$100 |
| ____ | Benefactor | \$250 |
| ____ | Lived experience of homelessness (no dues) | |
| ____ | Other \$ _____ | |

*Multipurpose non-profits should use just the portion of their budget used for homeless services and the budget can be based on actual funding received in prior years.

____ **I do not wish to be a voting member at this time, but enclosed is a supporting contribution of: \$ _____**

**Make checks payable to: NM Coalition to End Homelessness
And mail to: PO Box 865, Santa Fe, NM 87504**

Thank you for joining NMCEH!

www.nmceh.org