



The Seattle/King County Coalition on Homelessness

77 South Washington Street, Seattle, WA 98104

Phone 206.357.3148 Fax 206.357.3147 www.homelessinfo.org

2010 Membership Invoice

→ Membership renewal due by February 19th 2010

I/We support SKCCH's mission to work collaboratively to ensure the safety and survival of people who are homeless, and to end the crisis of homelessness in our region. I/We would like to join SKCCH as [check one]:

Individual member

Member Agency/Organization

Member Program

Individual Membership Suggested Dues

\$40

\$10 for people who are homeless or were homeless

Organization/Program Membership Suggested Dues

\$100 < \$250,000 budget

\$500 \$250,000 - \$500,000 budget

\$750 \$500,000 - \$1,000,000 budget

\$1,000 \$1,000,000 - \$2,500,000 budget

\$1,500 \$2,500,000 - \$5,000,000 budget

\$3,000 \$5,000,000 - \$10,000,000 budget

IMPORTANT NOTE: The fee amount should not be a barrier to membership. Please contact us to discuss alternate arrangements if need be. (206) 357.3148 or skcch@homelessinfo.org

For organizations or programs with budgets exceeding \$10,000,000, please use the following formula to compute dues: (Your budget: _____ / \$1,000,000) x 300 = _____

Ex. if the annual budget = \$12,500,000, then membership = (\$12.5M / \$1M) x \$300 = \$3,750

Additional contribution _____

TOTAL ENCLOSED

Please make your check payable to: Seattle/King County Coalition on Homelessness

Mail to: SKCCH 77 South Washington Street, Seattle, WA 98104

ORGANIZATION / PROGRAM MEMBER INFORMATION

Agency/Organization Name: _____

Program Name (if applicable): _____ Org./Program Website: _____

Population(s) Served: _____

CONTACT INFORMATION for Primary Agency Representative or Individual Member

We wish to be represented by (name of Primary Representative): _____

I / Representative will support SKCCH by attending: General Meeting and/or Committee/Workgroup (Circle below)

* Advocacy * Project Cool * Funding Resources * Membership/Fundraising * Education & Training

* Families/Children * Single Adults * Youth & Young Adults * One Night Count volunteer * Racial Justice

Address: _____ City, State, Zip: _____

Phone No.: _____ Fax No.: _____ E-mail address: _____

For advocacy and public education purposes, SKCCH would like to know your Legislative District: **Work** _____ **Home** _____

Don't know your Legislative District? Visit <http://apps.leg.wa.gov/DistrictFinder/>

(Please complete back of sheet for additional Agency Representatives)

Additional representative Name: _____

Address: _____ City, State, Zip: _____

Phone No.: _____ Fax No.: _____ Legislative District: **Work** ___ **Home** ___

E-mail address: _____

Committee:

- * Advocacy * Project Cool * Funding Resources * Membership/Fundraising * Education & Training
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Additional representative Name: _____

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Questions about SKCCH Membership? Contact Alison Eisinger (206) 357.3148 or skcch@homelessinfo.org

For Office Use Only:

Check #: _____ Amount: _____ Date Deposited: _____ Initials: _____

Entered into Membership DB? _____ Signed up for SKCCH Email? _____