



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

2012 Annual Membership Invoice

Membership renewals are due by March 2nd 2012

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
 Organizational Member
 Allied (non-voting) member (i.e. local government agency or program)

Individual Membership Suggested Dues

- | | |
|---|---------------|
| <input type="checkbox"/> Basic Dues | \$40 |
| <input type="checkbox"/> Supporter | \$50 - \$150 |
| <input type="checkbox"/> Advocate | \$150 - \$250 |
| <input type="checkbox"/> Superstar | \$500 |
| <input type="checkbox"/> Low income or homeless | \$10 |
| <input type="checkbox"/> Student | \$25 |

Agency or Organizational Membership Suggested Dues

(sliding scale based on agency budget)

- | | |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$100 | < \$250,000 budget |
| <input type="checkbox"/> \$500 | \$250,000 - \$500,000 budget |
| <input type="checkbox"/> \$750 | \$500,000 - \$1,000,000 budget |
| <input type="checkbox"/> \$1,000 | \$1,000,000 - \$2,500,000 budget |
| <input type="checkbox"/> \$1,500 | \$2,500,000 - \$5,000,000 budget |
| <input type="checkbox"/> \$3,000 | \$5,000,000 - \$10,000,000 budget |
| <input type="checkbox"/> Other: | _____ |

Please note: Financial hardship should not be a barrier to membership. We will arrange alternative dues if need be. Please contact us (206) 357.3148 or membership@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

Allied members are eligible for all benefits of SKCCH membership, but are not eligible to vote.

Additional dollar amount: _____

TOTAL DOLLAR AMOUNT: _____

**Please make your check payable to: Seattle/King County Coalition on Homelessness
Mail to: SKCCH 77 South Washington Street, Seattle, WA 98104**

AGENCY OR ORGANIZATIONAL MEMBERSHIP INFORMATION

Agency/Organization Name: _____
 Agency Mailing Address: _____ City, State, Zip: _____
 Program Name (if applicable): _____ Org./Program Website: _____
 Agency fiscal year starts in (month): _____
 Population(s) Served: _____

CONTACT INFORMATION for Primary Agency Representative or Individual Member

The primary representative holds voting rights for your organization, and serves as the main point of contact for information with the coalition. **We wish to be represented by:**

Primary Representative (or Individual Member) Full Name: _____

I / Representative will support SKCCH by participating in:

- General Meeting
 Families w/Children Cmte
 Single Adults Cmte
 Youth & Young Adults Cmte

I am interested in participating in the following workgroups or helping with the following activities:

- Public Education & Advocacy
 Project Cool
 Fundraising
 Member Education & Training
 One Night Count volunteer

Primary Rep. Work Address: _____ City, State, Zip: _____

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

Primary Rep. Legislative District: **Work** _____ **Home** _____

*PLEASE complete the LEGISLATIVE DISTRICT information section for each representative. This helps our Coalition members work together as powerful advocates for housing and services at the local and state levels. **Not sure about your legislative district?** Visit <http://apps.leg.wa.gov/DistrictFinder/>*

Please complete below for each additional Agency Representative

Additional representative Name: _____

Work Address: _____ City, State, Zip: _____

Phone No.: _____ E-mail address: _____

Legislative District: **Work** _____ **Home** _____ **Representative will support SKCCH by participating in:**

General Meeting **Families w/Children Cmte** **Single Adults Cmte** **Youth & Young Adults Cmte**

I am interested in participating in the following workgroups or helping with the following activities:

Public Education & Advocacy **Project Cool** **Fundraising** **Member Education & Training** **One Night Count volunteer**

Additional representative Name: _____

Work Address: _____ City, State, Zip: _____

Phone No.: _____ E-mail address: _____

Legislative District: **Work** _____ **Home** _____ **Representative will support SKCCH by participating in:**

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Additional representative Name: _____

Work Address: _____ City, State, Zip: _____

Phone No.: _____ E-mail address: _____

Legislative District: **Work** _____ **Home** _____ **Representative will support SKCCH by participating in:**

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

For Office Use Only:

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

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