

## 2011 Membership Form

- \$ 0.00: Homeless or Formerly Homeless Person
- \$ 60.00: Individual
- \$ 100.00: Family
- \$ 200.00: Organizational Budget up to \$499,999
- \$ 400.00: Organizational Budget of \$500,000 up to \$999,999
- \$ 600.00: Organizational Budget \$1 Million up to \$2,999,999
- \$ 800.00: Organizational Budget \$3 Million up to \$4,999,999
- \$1,000.00: Organizational Budget of \$ 5 Million and above
- \$2,000.00: Gold Circle Friend of the Arizona Coalition to End Homelessness

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Agency FTE: \_\_\_\_\_

**If Provider Agency of individuals experiencing homelessness:**

Number of Clients served per week/month/year (please specify) : \_\_\_\_\_ per \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # (With Area Code): \_\_\_\_\_ Fax # (With Area Code): \_\_\_\_\_  
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\*E-Mail Address: \_\_\_\_\_

Form of Payment:  Check  Cash  P.O.  Visa  Mastercard  Discover  Am. Ex.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Verification Number (on back of card) \_\_\_\_\_

Membership Valid For One Year from Enrollment/Renewal

AZCEH Tax Identification #86-0909029

**Registration may also be mailed to:**

Arizona Coalition to End Homelessness  
3829 N. Third Street, Suite 104  
Phoenix, AZ 85012

**Questions?** Contact the Coalition at [info@coalition.org](mailto:info@coalition.org) or by calling 602.340.9393