




**I would like to become a member of the Homeless Alliance of Western New York.**

My desired membership level is *(please check a corresponding box)*:

 Agency (Greater than \$5 million gross revenue) \$325

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 Agency (Between \$1 million and \$5 million gross revenue) \$275

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 Agency (Less than \$1 million gross revenue) \$175

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 Individual *(circle one)*    \$25                      \$100                      \$250                      Other: \$

Agency/Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The population you serve can be described as (needs, families, seniors, etc.): *(Optional)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please make checks payable to Homeless Alliance of Western New York and mail this form and check to 625 Delaware Ave. St. 410, Buffalo NY**

**Thank you for supporting our work!**