**MEMBERSHIP FORM**

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| **YES!** |

I would like to become a member of the Homeless Alliance of Western New York. My desired membership level is:

**O** Agency (Less than $1 million gross revenue) - $175

**O** Agency (Between $1 million and $5 million gross revenue) - $275

**O** Agency (Greater than $5 million gross revenue) - $325

**O** Individual \_\_\_\_\_\_\_\_\_\_\_\_\_$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)

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| Please make checks payable to the Homeless Alliance of Western New York and mail to  960 Main Street, Buffalo, NY 14202.Thank you for supporting our work! |