



MEMBERSHIP FORM



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

My desired membership level is:

- Agency (Less than \$1 million gross revenue) - \$175
- Agency (Between \$1 million and \$5 million gross revenue) - \$275
- Agency (Greater than \$5 million gross revenue) - \$325
- Individual _____ \$25 _____ \$100 _____ \$250 _____ \$Other

Name _____

Agency _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

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

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!

Facilitating dialogue and strategic action to end homelessness in Western New York