



# Connecticut Coalition to End Homelessness

77 Buckingham Street, Hartford CT 06106 | P (860) 721-7876 | F (860) 257-1148 | www.cceh.org

## ANNUAL MEMBERSHIP FORM

### STEP ONE: PROVIDE YOUR CONTACT INFORMATION

Primary Contact: (Voting Member) \_\_\_\_\_

Executive Director's Name: (if different) \_\_\_\_\_

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

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### STEP TWO: CALCULATE YOUR MEMBERSHIP DUES:

#### NON-PROFIT ORGANIZATIONS

*Based on Your Annual Budget*

- Less than \$250,000 \$125
- \$250,000 - \$499,000 \$150
- \$500,000 - \$999,999 \$175
- \$1,000,000 - \$2,000,000 \$200
- More than \$2,000,000 \$250

**Please note:** Recognizing the constraints many of you are facing, we have not increased our dues.

#### SUPPORTING ORGANIZATIONS

- Government Agencies \$250
- For-Profit Corporations \$250
- Corporate Sponsor \$500+

#### INDIVIDUALS

- Individual Sponsor \$200+
- Beneficiary \$100
- Member \$50
- Low-Income Member \$20
- Homeless & Formerly Homeless No Fee or Contribution of Choice

### STEP THREE: DESIGNATE ADDITIONAL ORGANIZATION REPRESENTATIVES

For non-profit and supporting organizations, please indicate below two additional contacts who should receive updates and information from the Coalition. We encourage members and organization representatives listed to share any relevant information regarding upcoming events and advocacy efforts contained received with family, friends, staff and co-workers.

Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**STEP FOUR: PLEASE RETURN THIS FORM WITH PAYMENT** ► Mail this Membership Form with a check payable to: CT Coalition to End Homelessness, 77 Buckingham Street, Hartford, CT 06106