



SEATTLE HUMAN SERVICES COALITION

4759 15th Ave. NE #308, Seattle WA 98105

2010 Membership Dues

Phone (206) 325 -7105

Fax (206) 860-8825

shsc@shcoalition.org

Please check one:

Agency member – For organizations, agencies and programs. Dues are based on a small percentage of an annual operating budget (AOB).

Individual member – Individuals not part of an agency or organization and personally contributing

__\$25 __\$50 __\$100 __other

Complete the following :

Name _____ E-mail _____

Organization _____

Address _____ Phone _____

City, State, ZIP Code _____

Are you receiving SHSC email advocacy alerts? Yes No

The following section is dues calculation for agency members only:

To determine the amount of your dues for 2010, review the rates below and check the appropriate box. No human service organization will be turned away due to inability to pay at level below, staying active and in contact is the primary goal.

*Dues rate based on **annual operating budget (AOB)** multiplied by a fixed dues rate*

(check one that applies)	AOB Amount	x	Dues rate	=	2010 Dues
<input type="checkbox"/> AOB \$50k - \$2M	\$	x	0.1% (0.001)	=	\$
<input type="checkbox"/> AOB over \$2M	\$	x	0.05% (0.0005)	=	\$
<input type="checkbox"/> AOB under \$50k <i>(please pay what you can afford)</i>	\$	x		=	\$
AMT ENCLOSED					\$

Please return a copy of this form with your dues to

Seattle Human Services Coalition

Attn: Martha Reyes

4759 15th Av. NE, #308, Seattle 98105

Thank you in advance for your contribution; We could not do the work we do without your support!



To ensure that you are maximizing your membership and your advocacy efforts, please take a short moment to send us the list of membership that are to be included in your agency membership.

Name _____

Organization _____

Address _____ Phone _____

City, State, ZIP Code _____

Payment Information:

Dues Paid: \$ _____

The following is to be completed by Agency members only:

Please list staff, agency representatives or members belonging to your organization / affiliation.

Name: _____ Title _____

Email _____ Phone _____

Member Coalition: _____

Name: _____ Title _____

Email _____ Phone _____

Member Coalition: _____

Name: _____ Title _____

Email _____ Phone _____

Member Coalition _____

Name _____ Title _____

Email _____ Phone _____

Member Coalition _____

Name _____ Title _____

Email _____ Phone _____

Member Coalition _____

Please return the completed form to:
 Seattle Human Services Coalition
 Attn: Martha Reyes
 4759 15th Av. NE, #308
 Seattle, WA 98105