

NLIHC Membership Form



MEMBERSHIP INFORMATION

- Joining NLIHC Renewal

CATEGORY	Amount (suggested)
<input type="checkbox"/> Individual with low income, or student	\$5.00
<input type="checkbox"/> Individual	\$110.00
<input type="checkbox"/> Resident Association, or student group	\$15.00
<input type="checkbox"/> Organization, <\$250,000 operating budget	\$225.00
<input type="checkbox"/> Organization, \$250K – \$499,999	\$375.00
<input type="checkbox"/> Organization, \$500K – \$999,999	\$550.00
<input type="checkbox"/> Organization, \$1,000,000 – \$2,000,000	\$1,100.00
<input type="checkbox"/> Organization, \$2,000,000 – \$5,000,000	\$2,200.00
<input type="checkbox"/> Organization, > \$5,000,000	\$3,000.00
<input type="checkbox"/> Other Amount	\$ _____
<input type="checkbox"/> I would like to contribute to NLIHC's Scholarship Fund to support the participation of low income people.	\$ _____

Memo to Members

NLIHC Members can receive our weekly E-Newsletter *Memo to Members*, which features the most up-to-date housing information and news! Organizations may list up to 10 additional people to receive *Memo to Members*. Please fill out the opposite side of this form or include an additional list. Please specify how you would like to receive it below:

- Please send me the E-mail version of *Memo to Members*
 I do not have an e-mail address, please send me *Memo to Members* via mail
 I do not wish to receive *Memo to Members*

Advocates' Guide

If you are joining NLIHC for the first time, would you like us to send you NLIHC's *Advocates' Guide* free of charge? The *Advocates' Guide* is a comprehensive resource providing information on housing and community development programs, and other vital tools for advocates. You can also access the full *Advocates' Guide* online at <http://nlihc.org/library/guides>

- Yes, please mail me an *Advocates' Guide* No thank you

Did someone refer you for Membership?

Name: _____ or Organization Name: _____

CONTACT INFORMATION

Mr. Ms. Other: _____
Name: _____
Title: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Cell: _____
Email: _____ Twitter: @ _____

PAYMENT INFORMATION

Check (please enclose) Visa Mastercard Exp. Date: _____
Credit Card Number: _____ CVC*: _____
Cardholder Name (printed): _____
Cardholder Signature: _____
*Three-digit code on back of card.

NLIHC is a membership organization open to individuals, organizations, corporations, and government agencies. **EVERY MEMBERSHIP MAKES A DIFFERENCE.**

BENEFITS OF MEMBERSHIP

Memo to Members: Receive the nation's most respected housing policy newsletter in your inbox each week.

Calls To Action: Members receive email notification of significant policy developments warranting constituent calls or letters to Congress.

Discounted Conference Fees:

NLIHC hosts an annual policy conference and leadership reception in Washington, DC. The conference brings together advocates, researchers, academics, individuals with low incomes, and government experts to share expertise and insights on the latest federal housing policy initiatives.

Free or Discounted Publications:

NLIHC produces numerous publications each year, including the *Advocates' Guide* and *Out of Reach*. Telephone resource referrals with linkages to state and regional networks participation in policy-setting decisions of NLIHC

**BECOME A MEMBER
ONLINE AT
WWW.NLIHC.ORG/
MEMBERSHIP**

Questions? Call 202-662-1530 or e-mail outreach@nlihc.org



DO YOU KNOW FRIENDS OR COLLEAGUES WHO SHOULD BE A MEMBER OF NLIHC?

Let us know and we'll send them free membership materials.

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____

ORGANIZATIONAL MEMBERS CAN PROVIDE ADDITIONAL RECIPIENTS FOR MEMO .

Please fill out the address if it does not match that of the primary contact.

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____

Name: _____	Name: _____
Organization: _____	Organization: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____	Telephone: _____ Email: _____