



INDIANA'S LEADING HUMAN SERVICES ADVOCACY GROUP
 PROMOTING QUALITY, ACCESSIBLE, AND COMPREHENSIVE HUMAN SERVICES FOR **ALL** HOOSIERS

ICHS MEMBERSHIP FORM

Membership Level of Annual Subscription Rates (please circle one):

- Full Organization Dues based on organization's annual budget (see below) – includes access to “members only” legislative luncheons and sections of our web site, voting privileges, organization profile on ICHS web site, lowered event fees, and requires Committee participation.
- Organizational Associate **\$250** – includes your organization's profile on ICHS web site, lowered event fees, online grassroots advocacy, newsletters & email action alerts, and voluntary participation on ICHS Committees.
- Professional Associate **\$100** – *for individuals only*, particularly those working in human services; includes online grassroots advocacy system, newsletters & email action alerts, and voluntary Committee participation.
- Associate Member **\$50** – *for individuals only*, particularly students or retired associates; includes online grassroots advocacy system, newsletters & email action alerts, and voluntary Committee participation.

<u>Your Organization's Annual Budget</u>	<u>ICHS Annual Dues</u>
Under \$25,000	\$250
\$25 - \$150,000	\$350
150,001 – 500,00	\$500
\$500,001 - \$1,000,000	\$750
\$1 million and above	\$1,000

Organization Information:

Name of Organization _____

Full Postal Address _____

Website _____

Telephone Number _____ Fax Number _____

Representative Information:

(1) Primary Representative's Name _____

Email Address _____

Phone & Cell Number _____

(2) Alternative Representative's Name _____

Email Address _____

Phone & Cell Number _____

_____ Enclosed is a check for \$ _____ for the annual dues payment for the year _____. This is a (an) _____ (type of membership) membership in the Indiana Coalition for Human Services.

_____ Enclosed is an additional contribution of \$ _____.

Please make check payable to the: **“Indiana Coalition for Human Services”**
 Please send this completed form and your membership check to the address below by January 1st every year.
 Indiana Coalition for Human Services Phone: (317) 715-6719
 3901 N. Meridian St. #306 Fax: (317) 921-1397
 Indianapolis, IN 46208-4026