



COALITION ON HUMAN NEEDS

1825 K Street, NW · Suite 411 · Washington, DC 20006 · 202.223.2532 · Fax 202.223.2538 · www.chn.org

MEMBERSHIP FORM

Contact Person: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

The above e-mail address will be added to the CHN member listserv. You may add additional addresses by emailing Joseph Battistelli at jbattistelli@chn.org or by signing up online at www.chn.org.

The Coalition on Human Needs Board of Directors has recommended the below sliding fee schedule for membership dues based on the size of your organization's annual budget.

Amount Due: _____ *(Please refer to scale below)*

- \$3,000 Annual budget above \$5 million
- \$2,000 Annual budget: \$2.5 - \$5 million
- \$1,000 Annual budget: \$1 - \$2.5 million
- \$750 Annual budget: \$500,000 - \$1 million
- \$500 Annual budget: \$250,000 - \$500,000
- \$250 Annual budget: \$100,000 - \$250,000
- \$100 Annual budget: less than \$100,000

Please make checks payable to Coalition on Human Needs and mail to:

**Coalition on Human Needs
1825 K St NW, Suite 411
Washington DC 20006**

Thank you for your membership dues to the Coalition on Human Needs (CHN). All organizations that make a membership dues contribution to the Coalition on Human Needs receive complimentary copies of CHN publications and resources, including the Coalition's legislative update, *The Human Needs Report*. Coalition members also are entitled to post to CHNs online calendar and job announcement list, email lists and website, receive invitations to all CHN policy forums and special events, may vote at membership meetings, and are eligible to serve on the CHN Board of Directors.

___ My organization has enclosed a contribution, but prefers not to be listed as a member of the Coalition on Human Needs.