



2018-2019 ANHD Membership Application

Organization: _____

Mailing Address: _____

Executive Director: _____

Phone: _____ Fax: _____ E-mail: _____

Web Page: _____

MEMBERSHIP CATEGORY *Please select appropriate boxes for membership type and dues category:*

FULL MEMBERSHIP: Full membership is available for *neighborhood-based not-for-profit organizations* that have affordable housing and/or equitable economic development as a central component of their mission. Full members have access to the entire range of ANHD's projects and services, and can vote for and may serve on the ANHD Board of Directors.

AFFILIATE MEMBERSHIP: Affiliate membership is available for *city-wide not-for-profit organizations* that have affordable housing and/or equitable economic development as a central component of their mission. Affiliates may access the full range of ANHD services, but do not have voting privileges.

Annual membership dues for both full membership and affiliate membership are set on a sliding scale, based on the member's core operating budget. Please fill in your current organizational budget, and select the right dues amount you owe below.

Organizational Budget: _____

Budget of \$500,000 or less: \$250 dues

Budget between \$500,000 and \$1 million: \$500 dues

Budget over \$1 million: \$750 dues

I _____ confirm that our organizational budget indicated above is
Signature

accurate, and as such, enclose a check with the following dues: \$ _____

Please make check payable to "ANHD" and mail with this form to: ANHD, 50 Broad Street, Suite 1402, New York, NY 10004. Call Rita Mazza at 212-747-1117 if you have questions about your membership.