

ANHD Membership Application

Please Print, fill out and mail with your membership dues

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

Community-based housing organizations may become full members of ANHD. Full members have access to the entire range of ANHD's projects and services and vote for and may serve on the ANHD Board of Directors. Annual membership dues are set on a sliding scale based on the member's core operating budget. Please indicate your agency's budget category below:

- Budget of \$500,000 or less: \$250 dues
- Budget between \$500,000 and \$1 million: \$500 dues
- Budget over \$1 million: \$750 dues

AFFILIATE MEMBERSHIP

City-wide non-profit organizations may apply for affiliate memberships. Affiliates may access the full range of ANHD services, but do not have voting privileges. Dues are set on a sliding scale based on operating budget.

- Budget of \$500,000 or less: \$250 dues
- Budget between \$500,000 and \$1 million: \$500 dues
- Budget over \$1 million: \$750 dues

Yes, we wish to become members of ANHD for the next twelve months. We have indicated above our membership category and, based on our operating budget, are enclosing the following dues:

\$ _____

Please make check payable to "ANHD" and mail this form to: ANHD, 50 Broad Street, Suite 1125, New York, NY 10004. Call Rita Mazza at 212-747-1117 if you have any questions about your membership.

[Print](#)