

# NLIHC Membership Form



## MEMBERSHIP INFORMATION

- New Membership    Membership Renewal

MEMBER TYPE	SUGGESTED DUES AMOUNT
<input type="checkbox"/> Low income individual or student	\$5.00
<input type="checkbox"/> Individual	\$110.00
<input type="checkbox"/> Resident/Tenant Association or Student Organization	\$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	\$ _____

### Memo to Members & Partners

NLIHC members can receive our weekly *Memo to Members & Partners* newsletter, which features the most up-to-date housing information and news! Please fill out the opposite side of this form or provide a separate list of additional contacts at your organization who should receive *Memo* and other NLIHC messages. Please specify how you would like to receive *Memo*:

- Please send me *Memo to Members & Partners* by email  
 I do not have an email address, please send me *Memo to Members & Partners* via mail  
 I do not wish to receive *Memo to Members & Partners*

### 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. The full *Advocates' Guide* is also available online at <http://nlihc.org/library/guides>

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

### Did someone refer you for NLIHC Membership?

Name: \_\_\_\_\_ or Organization Name: \_\_\_\_\_

## CONTACT INFORMATION

- Mr.    Ms.    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Twitter: @ \_\_\_\_\_

## PAYMENT INFORMATION

- Check Enclosed    Visa    MC    Discover    AmEx   Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV\*: \_\_\_\_\_

Cardholder Name (printed): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

- Would you like to cover our 2.5% credit card processing fee? This will ensure that 100% of your contribution reaches NLIHC.  
 Would you like to make this an annual recurring contribution? This helps give us a dependable base of membership support. You can cancel at anytime.

\*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 & Partners:

Receive the nation's most respected housing policy newsletter in your email inbox—or your mailbox—every week.

#### Calls to Action:

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

#### Discounted Forum Registration:

NLIHC hosts an annual policy forum and leadership reception in Washington, DC, which members can attend at a discounted rate. The forum brings together advocates, researchers, academics, government experts, organizers, and individuals to share expertise and insights on the latest federal housing policy initiatives.

#### Discounted Publications:

NLIHC produces numerous publications each year, including the *Advocates' Guide* and *Out of Reach*. Members can order print copies at a discounted rate.

**BECOME A MEMBER  
ONLINE AT  
[WWW.NLIHC.ORG/](http://WWW.NLIHC.ORG/)  
MEMBERSHIP**

**Questions?** Call 202-662-1530 or e-mail [outreach@nlihc.org](mailto: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: _____

**DOES YOUR ORGANIZATION HAVE ADDITIONAL CONTACTS WHO SHOULD RECEIVE NLIHC MESSAGES?**

*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: _____