

PERSONAL INFORMATION

Circle One: Mr. Ms. Miss Mrs. Dr. Other: _____

Name: _____

Title: _____

Organization: _____

Mailing Address: _____
(all materials will be sent to this address) _____

Telephone Numbers: Work: () _____ Fax: () _____

E-mail Address: _____

TYPE OF MEMBERSHIP

INDIVIDUAL

___ Regular \$75 ___ Student (Include copy of Student ID) \$25 ___ Senior Citizen \$25

ORGANIZATION

- I. ___ For Profit Organization \$ 10,000
- II. ___ Government \$ 1,000
- III. Not-for-Profit: Based on annual budget. Applicants for not-for-profit membership are requested to submit a copy of their IRS Determination Letter along with an annual report for review by the Alliance nominating committee.

Sponsoring Organizations (local and state only):

___ Under \$1 million \$ 500
 ___ \$1 to \$3 million \$ 1,000
 ___ \$3 to \$5 million \$ 1,500
 ___ \$5 to \$8 million \$ 2,000
 ___ Over \$8 million \$ 2,500

Supporting Organizations (local and state only):

___ Under \$1 million \$ 100
 ___ \$1 to \$3 million \$ 200
 ___ \$3 to \$5 million \$ 300
 ___ \$5 to \$8 million \$ 400
 ___ Over \$8 million \$ 500

National Organizations:

___ Under \$1 million \$ 500
 ___ \$1 to \$3 million \$ 1,000
 ___ \$3 to \$5 million \$ 2,000
 ___ \$5 to \$8 million \$ 3,000
 ___ Over \$8 million \$ 5,000

I would like to include a tax-deductible donation of \$_____ to the National Alliance for Hispanic Health, a 501(c)3 non-profit organization.

PAYMENT INFORMATION

___ I have enclosed a check payable to the National Alliance for Hispanic Health for \$_____

___ Please charge \$_____ to my credit card.

VISA MasterCard American Express

Card # _____

Exp. Date _____

Name (as it appears on the card) _____

Signature _____