



The Low Income Housing Coalition of Alabama Membership Form

Name _____ Title _____

Name of Organization (If Individual please leave space blank)

Mailing Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Mobile Phone _____

Fax Number _____ Email address _____

Check one of the following (dollar amount noted is *minimum* acceptable membership fee):

Constituent (\$1 minimum)

Individual (\$20 minimum)

Community Organization (\$100 minimum)

Government (\$150 for 0–50,000 residents; \$450 for 50,000–200,000 residents; \$500 for 200,000 or more residents)

Investor (non-corporate) (\$500 minimum)

Corporation (\$750 minimum)

Sponsor (\$1000 minimum)

Total Enclosed \$ _____

Complete this form and return it with your payment to LIHCA c/o Collaborative Solutions, Inc., P.O. Box 130159, Birmingham, AL 35213-0159. Phone number: (205) 939-0411 x205. Fax number: (205) 939-4048. Please fill out one membership form per member (if joining as both an Individual **and** as a Community Organization, please fill out two forms). Check or money orders are accepted. Please make checks payable to the Low Income Housing Coalition of Alabama.

Please note that donations to the Low Income Housing Coalition of Alabama are not tax-deductible.