



# 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 (\$4.20 minimum)

\_\_\_\_\_ Individual (\$23.20 minimum)

\_\_\_\_\_ Community Organization (\$103.20 minimum)

\_\_\_\_\_ Government (\$153.20 for 0–50,000 or less city residents, \$453.20 for 50,000–200,000 city residents, \$503.20 for 200,000 or more city residents)

\_\_\_\_\_ Investor (non-corporate) (\$503.20 minimum)

\_\_\_\_\_ Corporation (\$753.20 minimum)

\_\_\_\_\_ Sponsor (\$1003.20 minimum)

Total Enclosed \$ \_\_\_\_\_

*Complete this form and return it with your payment to LIHCA, 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. Membership dues are tax-deductible.*

\*Please note that your contact information may be shared with other members of the Low Income Housing Coalition of Alabama. If you do not want your contact information shared, please check this box: