

# 2020-2021 Membership



## MEMBERSHIP INFORMATION

- New Membership     Renewal

### CATEGORY

- |  |         |
|--|---------|
| <input type="checkbox"/> Sustaining Member   | \$1,000 |
| <i>benefits include:</i>   |         |
| <ul style="list-style-type: none"><li>• High level support for FSHC advocacy efforts</li><li>• Ensure the continued success of the Coalition</li><li>• Have their name appear on the Coalition website and printed materials</li><li>• One <b>free registration</b> to the FSHC statewide annual Supportive Housing Summit</li></ul> |         |
| <input type="checkbox"/> Student   | \$25    |
| <input type="checkbox"/> Individual  | \$75    |
| <input type="checkbox"/> Local Government  | \$150   |
| <input type="checkbox"/> Small Nonprofit Organization < 15 employees   | \$150   |
| <input type="checkbox"/> Large Nonprofit Organization, 15+ employees   | \$500   |
| <input type="checkbox"/> For Profit Organization   | \$500   |

For Corporate Partner Membership contact [Karen@fshc.org](mailto:Karen@fshc.org)

## PAYMENT INFORMATION

- Check: Mail with Membership Application to: FSHC, P.O. Box 11242, Tallahassee, FL 32302    **or**
- PayPal: Payment can be made through PayPal at:

[www.fshc.org/Membership](http://www.fshc.org/Membership)

Select your membership level and click Add to Cart.

## MEMBERSHIP BENEFITS

**Recognition for FSHC's Effective Advocacy** FSHC is the only organization focused on advocating for affordable and supportive housing for those you serve—your membership makes this advocacy possible

**Member Capital News** Members receive monthly Member News and Weekly Legislative News with current information concerning supportive and affordable housing

**Calls To Action** Members receive email notification of significant policy developments warranting constituent calls or letters, including Calls To Action from national coalition partners

**Voting Rights** Each individual or organizational member is asked to participate in and has voting rights at FSHC's annual meeting

## CONTACT INFORMATION: Complete if a new member or changing contact information only

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

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

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

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

City: \_\_\_\_\_

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

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

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