



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 or less city residents, \$450 for 50,000–200,000 city residents, \$500 for 200,000 or more city 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, 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: