



Member Organization: _____

Contact Name: _____

Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

- Check box if address change
- Send me the Needs Assessment
- Send me the Tool Kit
- I am interested in Public Policy, Membership, Events and Programs, Other—circle interests

NUHSA MEMBERSHIP DUES

- Supporting Member \$1500-\$5000
- Government Agency \$1000-\$1500
- Organization \$100-\$250
- Individual \$25-\$50
- Other _____

DATE	ITEM	DUES
	Membership Dues	

**Make your check payable to: North Urban Human Services Alliance
PO Box 60215, Shoreline, WA 98160**

NUHSA membership dues are tax deductible to the extent allowed by law.

Website: www.nuhsa.org email: staff@nuhsa.org