



**Alliance for Human Services**  
*Improving the delivery of human services in Lake County*

**Membership Form FY 2017 (July 1, 2016 – June 30, 2017)**

Individual/Organization: \_\_\_\_\_

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

If your organization uses a fiscal agent please provide the name, address and contact information for the fiscal agent.

\_\_\_\_\_

**Organizations:**

Please check here to certify that your organization is in good standing with the State of Illinois.

Website: \_\_\_\_\_ Do we have your permission to create a hyperlink to your organization's website on The Alliance website? Yes/No

	Name	Title	Phone Number	Email Address
Primary Contact				
Alternate Contact				

Check the box next to the appropriate budget amount below:

	Organizations Previous FY Annual Operating Budget	Annual Alliance Membership Dues
<input type="checkbox"/>	Up to \$100,000	\$50
<input type="checkbox"/>	\$100,001-\$250,000	\$100
<input type="checkbox"/>	\$250,001-\$500,000	\$250
<input type="checkbox"/>	\$500,001 - \$1,000,000	\$500
<input type="checkbox"/>	Over \$1,000,000	\$1000
<input type="checkbox"/>	Individual	\$50

By signing below I verify that I have reviewed the mission, vision, and values of The Alliance for Human Services. I and my organization will actively participate in The Alliance and work to support its efforts to improve the delivery of human services in Lake County.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

Please mail this form along with your check made payable to The Alliance for Human Services to:

Stewart Kerr  
 Director  
 The Alliance for Human Services  
 1313 N. Delany Road, 2<sup>nd</sup> Floor  
 Gurnee, IL 60031

<b>FOR USE BY The Alliance for Human Services</b>	
Date Received: _____	Date Dues Received: _____
Date Membership Active: _____	Amount Received: \$ _____
Date Membership Expires: _____	Check Number: _____
Added to Website : _____ Added to Membership List: _____ Processed/Verified by: _____	