



Alliance for Human Services
Improving the delivery of human services in Lake County
 Membership Form FY 2018 (July 1, 2017 - June 30, 2018)

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:

Membership Committee
 The Alliance for Human Services
 1313 N. Delany Road, 2nd Floor
 Gurnee, IL 60031

FOR USE BY The Alliance for Human Services	
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: _____	
