



MID-HUDSON COALITION, INC.
AGENCY MEMBERSHIP
 (Membership Year Runs from July 1 through June 30)

PLEASE COMPLETE AND/OR UPDATE AS NECESSARY

<i>Agency:</i>	
<i>CEO:</i>	Name: Title: E-Mail Address:
<i>Dir. of Human Resources:</i>	Name: E-mail Address:
<i>Dir. of Education & Training:</i>	Name: E-mail Address:
<i>Designated Contact Person:</i>	Name: E- mail Address:
<i>Mailing Address:</i>	
<i>Telephone:</i>	
<i>Fax:</i>	
<i>Agency Website:</i> <small>(Link from MHC website will be provided)</small>	

FEE STRUCTURE

Agency Annual Operating Budget

- _____ \$0 to \$1,999,999
- _____ \$2,000,000 to \$4,999,999
- _____ \$5,000,000 to \$9,999,999
- _____ \$10,000,000 and above

Fee:

- \$120 per year
- \$500 per year
- \$750 per year
- \$1,000 per year

Return this form with check made payable to:

Mid-Hudson Coalition, Inc.,
 123 West Road, Pleasant Valley, NY 12569

For questions: Call 845-473-3000, x405