



Mid-Hudson Coalition, Inc.

An Association Committed to the Development of Direct Support Practice in Human Services

Agency Membership Application

I would like to support the MHC as a:

Renewing Member Organization

New Member Organization

Agency Name (print): _____

Agency Address: _____

Contact Person Name: _____

Phone: _____

Email: _____

Agency Website: _____

For future communication please let us know:

Executive Director: _____

Director - Human Resources: _____

Director - Education/Training: _____

What training topics/opportunities would you like to see the MHC provide?

MEMBERSHIP FEES:

Annual Agency Revenue	Annual Membership Fee
\$0 - \$1,999,999	\$150.00
\$2,000,000 - \$4,999,999	\$300.00
\$5,000,000 - \$9,999,999	\$500.00
\$10,000,000 - \$14,999,999	\$750.00
\$15,000,000 - \$19,999,999	\$1,000.00
\$20,000,000 - \$24,999,999	\$1,500.00
\$25,000,000 and above	\$2,000.00

Please mail this form with your membership payment to:

Attn: Mid-Hudson Coalition
123 W Road
Pleasant Valley NY 12569



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www.midhudsoncoalition.org