



## Agency Membership Application

I would like to support the Mid-Hudson Coalition: \_\_\_ Renewing Member \_\_\_ New Member

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency Website: \_\_\_\_\_

So we can communicate with the appropriate person at your organization, please complete:

Executive Director: \_\_\_\_\_

Director - Human Resources: \_\_\_\_\_

Director - Education/Training: \_\_\_\_\_

What training topics would you like to see the MHC provide to your employees?

\_\_\_\_\_

**Please mail this form with your membership payment to:**

**Mid-Hudson Coalition**

**c/o Greystone Programs, 2070 Rt 52, Bldg. 330D, 2<sup>nd</sup> Floor, Hopewell Junction, NY 12533, 452-5772, x138**

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