

## Membership Invoice (July 1, 2023 to June 30, 2024)

Full name of orga	nization/individual:			
Executive Officer	(full name and title):			
Organizational Co	ontact:			
Address:				
City:		State:	Zip:	
Email Address:		State.	zip.	
Telephone:	C	Organizational W	ebsite:	
	Memb	er Demographi	c Information	
Number of organiz	cation employees: Full time _		Part time	
Γotal organization	budget: \$			
otal organization	φ φ			
FY	<b>24 Annual Dues \$</b>		Please remit by July 31,	2023
	Dues are based	i on your organiz	ration's annual budget.	
SE	LECT YOUR MEMBERSHIP	LEVEL:	Traditional Sponsor	ring*
thD1 1 G				WEGEN.
*Please select Spo	onsor Type BREAKFAST	TRAINING L	SUPERVISORY SERIES (1)	NXTGEN
	Membership Levels	Traditional Membership	Sponsoring Member	
	\$0 to \$499,999	\$200	\$1,700	
	\$500,000 to \$999,999	\$300	\$1,800	
	\$1,000,000 to \$1,499,999	\$550	\$2,050	
	\$1,500,000 to \$3,999,999	\$750	\$2,250	
	\$4,000,000 to \$7,999,999	\$1000	\$2,500	
	\$8,000,000 to \$19,999,999	\$1250	\$2,750	
	\$20,000,000 to \$29,999,999	\$1900	\$3,400	
	\$30,000,000 to \$49,999,999	\$2250	\$3,750	
	\$50,000,000 +	\$2900	\$4,400	
	Individual Member	\$125		
	Retiree & Students	\$50		

Make checks payable to HSF and mail to PO BOX 366, Holyoke, MA 01041

The Human Service Forum - 35+ years of experience working to strengthen the capacity of the nonprofit community in Western Massachusetts.