



Working to ensure all immigrants are treated with fairness, dignity and respect for their human and civil rights.

www.caircoalition.org

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MEMBERSHIP FORM

- YES, I would like to renew my membership in the CAIR Coalition.
- YES, I would like to join the CAIR Coalition.

Organizations:

Organizational Membership (fees are based on the annual operating budget):

- \$100 – for organizations with budgets under \$250,000
- \$200 – for organizations with budgets under \$500,000
- \$300 – for organizations with budgets under \$750,000
- \$400 – for organizations with budgets under \$1,000,000
- \$500 – for organizations with budgets under \$2,000,000
- \$750 – for organizations with budgets over \$2,000,000

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact Person: _____

Phone: (_____) _____ Email: _____

Please make sure that your organization's name appears the way you would like it to be acknowledged in CAIR Coalition's various materials.

Individuals:

[] \$25-\$100 (Sliding scale, please give generously)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Contact Person: _____

Phone: (_____) _____ Email: _____

Please make sure that your name appears the way you would like to be acknowledged in CAIR Coalition's various material

Make checks payable to: CAIR Coalition

*Please send your check and a completed copy of this form to:
CAIR Coalition 1612 K Street, NW, Suite 204, Washington, DC 20006*