

Name(s) as you prefer to be listed: _____

If selecting a couples membership, please be sure to complete information for both members.

Address: _____ Preferred phone(s): _____

Email(s): _____

Return this form **ONLY** if you are paying by check.

Scan to **process your membership** online with a credit card.



Please select your membership level:

Couples memberships for couples/spouses who share the same household only.

- | | |
|---|--|
| <input type="radio"/> Investing Member (\$500) | <input type="radio"/> Investing Member Couple (\$750) |
| <input type="radio"/> Supporting Member (\$150) | <input type="radio"/> Supporting Member Couple (\$250) |
| <input type="radio"/> Young Professional Member (\$75)
(under 41 years old) | <input type="radio"/> Young Professional Member Couple (\$125) |
| <input type="radio"/> Emeritus Member (\$50 - members since 1970 only) | |

- I would like to provide a **scholarship** for another person for whom dues are a barrier to membership (\$75).

The Alliance has a pool of individuals, many nonprofit partners, who have expressed interest in membership, but do not have the resources to join. Your donation will support these individuals' memberships.

- I do not wish to renew membership at this time, but please accept my donation of \$_____. (You will be mailed a tax receipt.)

- I wish to make a 100% tax-deductible **Angel Donation(s) - \$100**

My gift is in memory of _____.

Please notify the following of my gift: (name and address)

My gift is in honor of _____.

- I wish to join the **Legacy Society** by making a bequest to Healthy Charlotte Alliance.

Please total the above, make your check payable to **Healthy Charlotte Alliance** and mail to the address below.