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**THE COUNCIL OF SOCIAL AGENCIES**

**OF HAMPSHIRE COUNTY**

**2017-2018 Membership Form**

**Membership Categories (please select one):**

**Agency Membership**

**Agency membership rates are based on the organization’s total annual budget.**

 Up to $99,999 @ $50.00  $2,000,000 to $4,999,999 @ $300.00

 $100,000 to $499,999 @ $75.00  $5,000,000 to $6,999,999 @ $500.00

 $500,000 to $999,999 @ $100.00  $7,000,000 and above @ $750.00

 $1,000,000 to $1,999,999 @ $150.00

**OR**

 **Individual Membership (unaffiliated with agency) @ $25.00**

**Total amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Checks should be made payable to “COSA” (Federal ID# 04-3233858)

**Individual/Name of Primary Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add this email to the COSA list:  Yes  No

Additional email addresses for the COSA list? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please MAIL this membership form to COSA, PO Box 343, Amherst, MA 01004**