



## Dignity Fund Coalition Membership Form 2017

Agency / Individual: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Contact (Name/e-Mail): \_\_\_\_\_

### Membership Purpose

Your membership dues will enable us to expand the reach of the Coalition and include a growing number of organizations and individuals to further goals and objectives of Proposition I legislation.

To achieve this purpose, the leadership and staff of the coalition will work in concert with its members to perform duties as specified below:

- Will organize advocacy activities to inform and garner support from governmental entities and key stakeholders to support the Coalition's vision
- Will continually solicit input from members on priority matters to be addressed at Coalition meetings
- Will hold regularly scheduled membership meetings, and will provide notices and minutes in a timely manner
- Will continue to develop and update the coalition's website to keep members and the general public informed.

### Annual Membership Fees: (July 1 – June 30)

Sliding Scale

#### Non-profit agency

|                             |       |
|-----------------------------|-------|
| \$0 - \$249,999             | \$ 50 |
| \$250,000 - \$499,999       | \$100 |
| \$500,000 - \$999,999       | \$200 |
| \$1 million - \$1.9 million | \$300 |
| \$2 million - \$2.9 million | \$400 |
| \$3 million - \$4.9 million | \$500 |
| \$5 million – or greater    | \$750 |

Amount enclosed \$ \_\_\_\_\_

**Corporate or Business Entity (\$300)** ..... ☐

**Individuals (\$25 or more)** ..... ☐

Please check the appropriate box above and send your payment by check to:

CLC/Dignity Fund Coalition  
1360 Mission Street Suite 400  
San Francisco, CA 94103

Attn: Marie Jobling and Fiona Hinze Co-Chairs  
Donations are tax-deductable.