



The Voice of the Human Services Community

### HSC Membership Enrollment Form

Your organization must be an IRS-qualified 501(c)3, 501(c)4, or 501(c)6 entity that provides social services for New York City residents to be a member of HSC.

#### Organization

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

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

Website: \_\_\_\_\_

#### Executive Director/CEO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

#### Administrative Assistant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

#### Financial Contact *(All billing materials will be sent to this individual – indicate if different from ED.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

#### Dues Category *(As per your most recent IRS Form 990, Line # 18. Please check one.)*

	Annual Operating Expense Budget	Dues
<input type="checkbox"/>	<\$500,000	\$250
<input type="checkbox"/>	\$500,000 - \$3M	\$500
<input type="checkbox"/>	>\$3M - \$10M	\$1,000
<input type="checkbox"/>	>\$10M - \$25M	\$3,000
<input type="checkbox"/>	>\$25M - \$50M	\$5,000
<input type="checkbox"/>	>\$50M	\$7,500

*Note: Dues are renewed by HSC's fiscal year, which runs from July 1 through June 30.*

Please enclose a check for the amount indicated above, made payable to **Human Services Council**, and mail with this form to:

**Human Services Council**  
130 E. 59<sup>th</sup> Street  
New York, NY 10022

Email: [info@humanservicescouncil.org](mailto:info@humanservicescouncil.org)

Fax: (212) 836-1368

After you fill out this form, we ask that you fill out the HSC Registration Form, in which you can sign up for committees and give us additional information so we can better work *with you and for you.*