



# HELP END LEAD POISONING 2003 MEMBERSHIP INVOICE



**Organizational Name:** \_\_\_\_\_  
Organization, Institution, Corporation, Business, Individual, or other entity

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Contact Preference:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Has your organization been a member of Help End Lead Poisoning before?**     Yes     No

**Organizational Contact:**

Name	Title	Address (if different from above)	Phone

\*Please attach a brief description of your organization, institution, business or corporation, including information on community-based development activities.

<p><b>*Annual Agency Membership Contributions:</b></p> <table border="0"> <tr> <td><u>Membership Fee</u></td> <td><u>Operating Budget:</u></td> </tr> <tr> <td><input type="checkbox"/> \$50</td> <td>\$50,000 or less</td> </tr> <tr> <td><input type="checkbox"/> \$100</td> <td>\$50,001 - \$100,000</td> </tr> <tr> <td><input type="checkbox"/> \$150</td> <td>\$100,001 - \$250,000</td> </tr> <tr> <td><input type="checkbox"/> \$200</td> <td>\$250,001 - 500,000</td> </tr> <tr> <td><input type="checkbox"/> \$300</td> <td>\$500,001 - \$1 million</td> </tr> <tr> <td><input type="checkbox"/> \$400</td> <td>\$1 million - \$1.5 million</td> </tr> <tr> <td><input type="checkbox"/> \$500</td> <td>More than \$1.5 million</td> </tr> </table> <p>*For government agencies, determine income level on lead prevention program only</p>	<u>Membership Fee</u>	<u>Operating Budget:</u>	<input type="checkbox"/> \$50	\$50,000 or less	<input type="checkbox"/> \$100	\$50,001 - \$100,000	<input type="checkbox"/> \$150	\$100,001 - \$250,000	<input type="checkbox"/> \$200	\$250,001 - 500,000	<input type="checkbox"/> \$300	\$500,001 - \$1 million	<input type="checkbox"/> \$400	\$1 million - \$1.5 million	<input type="checkbox"/> \$500	More than \$1.5 million	<p><b>Annual Individual Membership Contributions:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> \$10</td> <td>Low Income</td> </tr> <tr> <td><input type="checkbox"/> \$35</td> <td>Regular</td> </tr> <tr> <td><input type="checkbox"/> \$75</td> <td>Benefactor</td> </tr> <tr> <td><input type="checkbox"/> \$250</td> <td>Sustainer</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Fee Waiver Requested*</td> </tr> </table> <p>*Please attach a brief reason for waiving fee</p>	<input type="checkbox"/> \$10	Low Income	<input type="checkbox"/> \$35	Regular	<input type="checkbox"/> \$75	Benefactor	<input type="checkbox"/> \$250	Sustainer	<input type="checkbox"/> Fee Waiver Requested*	
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<p><b>Friends of HELP</b></p> <p>I would like to contribute an additional amount to support HELP's mission to eliminate childhood lead poisoning in Ohio:</p> <table border="0"> <tr> <td><input type="checkbox"/> \$25</td> <td><input type="checkbox"/> \$75</td> </tr> <tr> <td><input type="checkbox"/> \$50</td> <td><input type="checkbox"/> \$100</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> \$ _____ other</td> </tr> </table>	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$ _____ other	
<input type="checkbox"/> \$25	<input type="checkbox"/> \$75					
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100					
<input type="checkbox"/> \$ _____ other						

**Signature** (person completing application):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Please make checks payable to and remit payment to:**  
Help End Lead Poisoning  
35 East Gay Street #400  
Columbus, OH 43215