

CDN Affiliate Membership Application

Please complete this form and sign your name in support of the Network's mission.

Name: _____ Organization: _____

Mailing Address: _____

Work Phone: _____ ext.: _____ Home Phone: _____

Fax: _____ Email: _____

*I attest that my organization is and/or I am committed to the
Community Development Network's mission.*

Authorized Signature: _____

Title: _____ Date: _____

Affiliate Membership Fees

- | | |
|---|--|
| <input type="checkbox"/> Friend of Affordable Housing: \$1,500+ | <input type="checkbox"/> Sustaining: \$750-\$1,499 |
| <input type="checkbox"/> Organization/Business: \$250 | <input type="checkbox"/> Individual: \$50-\$125* |
| <input type="checkbox"/> Nonprofit staff, resident, student: \$15-\$49* | |

**Please contribute what you can above the base level for the sliding scale dues. Thank you.*

- Enclosed is a check in the amount of \$ _____ payable to
The Community Development Network.

The Community Development Network has opportunities for participation.
Please indicate any of the following ways that you would like to be involved.

- CDN Action Alerts (by email)
- Affordable Housing NOW! Outreach or Policy and Research Committees
- Affordable Housing NOW! Speakers Bureau
- Volunteer Opportunities with Staff/Community Events
- Job Announcements List (by email)
- Awards Banquet Committee

**This application is a self-mailer. Just detach this portion, enclose your check,
securely tape the sides and bottom, stamp the outside and send to CDN. Thank you!**