



**THE CENTER FOR THE HEALING OF RACISM
MEMBERSHIP APPLICATION FORM**

THE CENTER NEEDS YOUR SUPPORT TO CONTINUE ITS VALUABLE WORK. PLEASE BECOME A MEMBER BY COMPLETING THE APPLICATION AND RETURNING IT WITH YOUR CONTRIBUTION. YOU MAY ALSO PROVIDE A MEMBERSHIP AS A GIFT TO A FAMILY MEMBER OR FRIEND.

NEW MEMBERSHIP RENEWAL GIFT

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

PLEASE LIST ME IN THE MEMBERSHIP DIRECTORY.

YES NO

I WOULD LIKE TO JOIN THE CENTER AT THE FOLLOWING LEVEL:

- | | | | |
|--|-------|--|--------|
| <input type="checkbox"/> STUDENT MEMBERSHIP | \$12 | <input type="checkbox"/> RUBY MEMBERSHIP | \$200 |
| <input type="checkbox"/> PEARL MEMBERSHIP | \$25 | <input type="checkbox"/> EMERALD MEMBERSHIP | \$500 |
| <input type="checkbox"/> AMETHYST MEMBERSHIP | \$50 | <input type="checkbox"/> DIAMOND MEMBERSHIP | \$1000 |
| <input type="checkbox"/> SAPPHIRE MEMBERSHIP | \$100 | <input type="checkbox"/> PLATINUM MEMBERSHIP | \$1500 |

ENCLOSED IS MY CHECK MADE PAYABLE TO THE CENTER FOR THE HEALING OF RACISM FOR _____.

I WOULD LIKE TO MAKE A GIFT OF MEMBERSHIP TO THE PERSON LISTED ABOVE.

GIFT GIVEN BY: _____

I WOULD LIKE TO VOLUNTEER FOR THE CENTER. YES NO

Please check all skills that apply.

- | | |
|--|---|
| <input type="checkbox"/> OFFICE/CLERICAL | <input type="checkbox"/> MAIL OUTS |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> PUBLIC/MEDIA RELATIONS |
| <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> INTERNSHIP |
| <input type="checkbox"/> RESEARCH | <input type="checkbox"/> TECHNICAL (AUDIO/VISUAL) |
| <input type="checkbox"/> SPEAKERS BUREAU | |
| <input type="checkbox"/> OTHER _____ | |

Thank you for your support!

The Center for the Healing of Racism
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