



2009 Membership Invoice

**P.O. BOX 587
 EVERETT, WA 98206
 Voicemail: 425-320-1680
 Email: info@hscouncil.org**

Agency/Name:	
Mailing Address	
City, State, Zip	
Phone Number:	
email address:	

Instructions: Please mark the appropriate membership for your agency. Remit fee accordingly.

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	2009 MEMBERSHIP FEE – 2010 <i>if paid prior to March 1, 2010</i> January 1, 2009 through December 31, 2009 2010		
	NONPROFIT ORGANIZATION		
_____	Small (1-25) employees	\$ 75.00	_____
_____	Large (26+ employees)	125.00	_____
	BUSINESS ORGANIZATION		
_____	Small (1-25 employees)	75.00	_____
_____	Medium (26-50 employees)	125.00	_____
_____	Large (50+ employees)	175.00	_____
_____	INDIVIDUAL	30.00	_____
_____	STUDENT/SENIOR CITIZEN (60+)	10.00	_____
Make check payable to: Human Services Council		TOTAL	

Since we use an email communication system, please submit names and e-mail addresses of agency members who wish to be on our email list and receive our announcements.

1. _____
2. _____
3. _____
4. _____