



* Name of School District, Agency, Organization, or Group: _____

Not sure if your group can join the Coalition? Want to join online?
See: http://www.safeschoolscoalition.org/members_whocanjoin.html

* Address: _____

* City: _____ * State or Province: _____

* Country: _____ * Zip or postal code: _____

Phone: () _____ Fax: () _____

* Email address: _____

URL for your organization's website: _____

Basic dues depends upon the size of an organization, but we invite you to contribute more or less depending on your ability — and/or to negotiate an in-kind alternative to "dues" if yours is a government agency or is, for any other reason, unable to make a financial commitment to the Coalition.

These standards are suggested and negotiable. Do not let dues stand in the way of your joining the Coalition.

- Organizations with budgets of less then \$5000/year ... \$30-\$60
- Organizations with budgets of \$5000 - \$10,000 ... \$60-\$120
- Organizations with budgets of \$10,000 - \$50,000 ... \$125-\$250
- Organizations with budgets of \$50,000 - \$150,000 ... \$200-\$400
- Organizations with budgets of \$150,000 - and up ... \$250-\$5,000

NOTE: Membership is ANNUAL
from January 1st to December 31st.

New memberships accepted in
October, November or December
will include the remaining months in
that year and also the next year.

This is a **NEW** membership (not a renewal). _____ →

Choose one or more: This is for a one year: two year: membership.

1) Enclosed: check (payable to "Safe Schools Coalition") for: \$ _____

2) Please invoice us for: \$ _____ Your initials here: (_____)

Send our invoice to:

Address: _____

City: _____ State or Province: _____

Country: _____ Zip or postal code: _____

3) Or: Charge our credit card:

Amount: \$ _____ Credit Card Number: _____

Expiration Date: _____ Signature: _____



4) We will provide "in-kind" contributions in lieu of or in addition to cash dues:

- Providing postage and labor for one or more mailings
- Printing or photocopying on behalf of the Coalition
- Providing clerical support for the Coalition, such as taking minutes at several meetings/year
- Providing graphic design for a Coalition publication
- Purchasing and distributing Safe Schools Coalition publications to schools
- Coordinating a Coalition project or event
- Serving on the Coalition's speakers bureau and presenting workshops to local groups in our part of the state on behalf of the Coalition

5) Please call us to discuss the issue of dues &/or in-kind contributions; we need to negotiate.

Your contribution is tax-deductible. Lifelong AIDS Alliance serves as the fiscal agent for the Safe Schools Coalition and is a 501(c)(3) organization. For more information about our fiscal sponsor see <http://www.lifelongaidsalliance.org>

NOTE: * Every Organizational Member MUST designate at least one official liaison to the Coalition. We prefer two, in case one is unavailable.

Also we ask that at least one liaison be subscribed to one of our listservs so you will get important announcements about your Coalition. See: http://www.safeschoolscoalition.org/listserve_about.html

***First contact person/liaison** Name: _____

Phone #'s: Day: (____) _____ May we leave a message? Yes No

Evening: (____) _____ May we leave a message? Yes No

Cell: (____) _____ May we leave a message? Yes No

Fax: (____) _____ Preferred method of contact: _____

Email address: _____

Second contact person/liaison Name: _____

Phone #'s: Day: (____) _____ May we leave a message? Yes No

Evening: (____) _____ May we leave a message? Yes No

Cell: (____) _____ May we leave a message? Yes No

Fax: (____) _____ Preferred method of contact: _____

Email address: _____

NEW MEMBERSHIP APPLICATION? Please tell us something about what your organization does in a sentence or two:

NEW MEMBERSHIP APPLICATION? PLEASE READ AND SIGN:

Please consider us for organizational membership in the Safe Schools Coalition. We realize that new member applications are considered at monthly Coalition meetings. If we become a member, we will be listed on Coalition letterhead and publications. It means that, as an organization, we support the mission of the Coalition: to make schools safe places where every family can belong, every educator can teach, and every child can learn, regardless of sexual orientation or gender identity. We understand, too, that joining the Coalition in no way precludes our making independent decisions about our own policies and services. And we will do our best to have a liaison attend at least one Coalition meeting per year*.

Signature of authorized individual: _____ Date: _____

*Coalition meetings are held monthly in Seattle. They are on the 3rd Tuesday of the month 3-5 p.m. during the school year and 2-4 p.m. in the summer. For the address and directions see our website. It is possible to call in if you are not near Seattle.

Mail to: Safe Schools Coalition; c/o Lifelong AIDS Alliance; 1002 East Seneca Street; Seattle, WA 98122-4203
Or fax to: 206-957-1624, attn. Safe Schools Coalition