Metropolitan Interfaith Council on Affordable Housing
Membership Form

Please return form to MICAH
463 Maria Avenue
St. Paul, MN 55106-4428
MICAH.org

Congregation or Organization: 

Clergy or Director: ________________________________

Address: _______________________________________

City: __________________ Zip: __________

Phone: __________________ Fax: ______________

E-mail: __________________ Web Site Address: __________________

________________________________________

Membership:

____ Basic ($125 annual fee)

____ Contributing ($250 annual fee)

____ Supporting ($500 annual fee)

____ Sustaining ($1,000 annual fee)

Amount Enclosed: __________

________________________________________

Suggested Contributions:

Contribution guidelines for annual dues are based on the annual budget of your congregation or organization:

<table>
<thead>
<tr>
<th>Annual Budget</th>
<th>Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $250,000</td>
<td>$125</td>
</tr>
<tr>
<td>$250,000 - $500,000</td>
<td>$250</td>
</tr>
<tr>
<td>$500,000 - $1,000,000</td>
<td>$500</td>
</tr>
<tr>
<td>$1,000,000 and above</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Please indicate a key contact person for your congregation or organization.

Contact Person: ________________________________________________________________

Home Address: _________________________________________________________________

City: __________________ Zip: __________

Day phone: ____________ Evening phone: ____________ Cell phone: ____________

E-mail: __________________