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MIRA Membership Form

As a MIRA member, you will receive our weekly *MIRA Bulletin*, invitations (and discounts) to our trainings and workshops, updates and "Action Alerts" on fast-moving issues. To join, please provide the information requested below and mail it with your payment to our office in Boston.

PLEASE INDICATE THE TYPE AND LEVEL OF MEMBERSHIP

- Organizational Member:
- \$500 (*Over \$5,000,000 annual budget*)
 - \$400 (*\$1,000,000 - \$5,000,000*)
 - \$300 (*\$500,000 - \$1,000,000*)
 - \$200 (*\$250,000 - \$500,000*)
 - \$100 (*up to \$250,000*)
- Individual Member:
- \$150 (*Over \$60,000 annual income*)
 - \$80 (*Under \$60,000*)
 - \$40 (*Under \$30,000, Students & Elderly*)
- I do not wish to be listed as a member on MIRA publications.
- I do not wish to become a member at this time, but here is my contribution of \$_____.
(Contributions are fully tax-deductible.)

Main Contact Name: _____

Additional Contacts (2): _____

Organization: _____

Website: _____

Address*: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Up to 3 email addresses to receive materials: _____

I wish to provide dues/donation of \$_____ with my VISA MasterCard Discover

Credit Card Number: _____ Card Verification Number: _____

Expiration Date: _____ (printed on the back of your card)

Name as it appears on card: _____

Email address for confirmation: _____

**(For payment by credit card, please make sure address listed above is the same as your card's billing address.)*

To pay online, go to www.miracoalition.org/membership

Please make your check payable to "MIRA Coalition" and mail with this form.

- Check this box if you **do not** want to receive MIRA updates and "Action Alerts."