

# Join or Renew your membership!

All Membership levels include discounted admission to monthly programs and the 2024 Annual Meeting.

June 1, 2023-May 31, 2024

## Supporting Member

(tax deductible)

Supporting Member \$150      Supporting Couple \$250



## Investing Member

(\$400 | \$550 tax deductible)

Includes *vote* in grant cycle and  
*FREE* invitation to  
Investing Members *Reception!*

Investing Member \$500      Investing Couple \$750



## Young Professional Member

Under 41 years old (tax deductible)

YP Member \$75      YP Couple \$125



## Emeritus Members

Members since 1970 may be grandfathered in at \$50.

To renew, you may send a check or contact [eedwards@healthycharlottealliance.org](mailto:eedwards@healthycharlottealliance.org) to pay by credit card.



## Angel Donation \$100

(100% tax deductible)

Give a gift in honor or memory of a friend or loved one and we'll send a card to let them know.



Include name of person your gift is in honor/memory of.

## Scholarship \$75

(100% tax deductible)

Support the membership of another for whom dues may be a barrier.



Name(s) as you prefer to be listed: \_\_\_\_\_

If selecting a couples membership, please be sure to complete information for both members.

Address: \_\_\_\_\_ Preferred phone(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_ Birthday(s): \_\_\_\_\_

☐ I processed my membership online using the QR code.

Return this form  
ONLY if you are

- a new member
- paying by check
- have updated contact information

If you are renewing your membership and processed online, no need to return this form.

Please select your membership level:

Couples memberships for couples/spouses who share the same household only,

- |  |  |
|--|--|
| <input type="radio"/> Investing Member (\$500)   | <input type="radio"/> Investing Member Couple (\$750)          |
| <input type="radio"/> Supporting Member (\$150)  | <input type="radio"/> Supporting Member Couple (\$250)         |
| <input type="radio"/> Young Professional Member (\$75)<br>( <a href="#">under 41 years old</a> ) | <input type="radio"/> Young Professional Member Couple (\$125) |
| <input type="radio"/> Emeritus Member (\$50 - <a href="#">members since 1970 only</a> )          |  |

☐ I would like to provide a [scholarship](#) for another person for whom dues are a barrier to membership (\$75).

The Alliance has a pool of individuals, many nonprofit partners, who have expressed interest in membership, but do not have the resources to join. Your donation will support these individuals' memberships.

☐ I do not wish to renew membership at this time, but please accept my donation of \$\_\_\_\_\_. (You will be mailed a tax receipt.)

☐ I wish to make a 100% tax-deductible [Angel Donation\(s\)](#) - \$100

My gift is in memory of \_\_\_\_\_.

Please notify the following of my gift: (name and address)

My gift is in honor of \_\_\_\_\_.

☐ I wish to join the [Legacy Society](#) by making a bequest to Healthy Charlotte Alliance.

Please total the above, make your check payable to [Healthy Charlotte Alliance](#) and mail to the address below.