



## 2017 Membership Form (Jan 1– Dec 31, 2017)

### For Individuals and Organizations

**Please Mark the Appropriate Checkbox:**

- |  |   |        |
|--|---|--------|
| <input type="checkbox"/> Individual                                | - | \$100  |
| <input type="checkbox"/> Organization with fewer than 50 employees | - | \$500  |
| <input type="checkbox"/> Organization with 50-500 employees        | - | \$1000 |
| <input type="checkbox"/> Organization with more than 500 employees | - | \$5000 |

**Contact Information:<sup>1</sup>**

Individual/Institution Full Names: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete the appropriate option(s):** *Please make checks payable to "Partnership to Cut Hunger and Poverty in Africa"*

- Annual Membership for 2017: \$ \_\_\_\_\_
- Multiple-Year Membership: \$ \_\_\_\_\_ over \_\_\_\_\_ years.
- Enclosed additional donation of \$ \_\_\_\_\_.

***NB:*** *If you are not receiving our Partnership Newsbriefs and Event Notices, would you like to join our Mailing List?*

- Yes, Email to register if different from above: \_\_\_\_\_
- No

**Please return this form with check to:**

The Executive Director  
Partnership to Cut Hunger and Poverty in Africa  
1100 New York Avenue, SE, Suite 735  
Washington, DC 20003 USA

<sup>1</sup> *Contact information is used for sending members-only event invitations and special announcements; it will not be shared.*