MEMBERSHIP FORM

I want to become an HRA member to support HRA’s activities and receive the Newsletter and announcements of events. Enclosed is my check for annual dues, fully tax-deductible, in the amount of:

___ Regular Membership $40.00
___ Student or low-income (sliding scale available) $20.00
___ Other __$50.00 __$75.00 __$100 __$125 $____

Name: ______________________________________________________
Address: ____________________________________________________
City: ________________________ State: ____  Zip:  ________________
Country: _____________________
Telephone: ___________________  Fax:  _________________________
Email:  _____________________________________________________
Profession/Affiliation: _________________________________________
HRA Committee Interest:
___ Education ___ United Nations ___ Litigation/Legislation
___ Publications ___ Fundraising/Finance

Please return this form to:
The Treasurer
HUMAN RIGHTS ADVOCATES
P.O. Box 5675
Berkeley, CA  94705

HRA is a non-profit public corporation with 501(c)(3) status; dues and contributions are tax-deductible.