



Human Rights Advocates

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.