



Near East **and** West Side
TASK FORCE

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP

Institution

Designated Representative:

Alternate:

Community Based Organization

Designated Representative:

Alternate:

Supporting Member

Name of Organization or Individual:

Address:

Mailing Address (if different):

Phone Number:

Fax Number:

Email address:

- I give permission to include the above contact information on the Near East and West Side Task Force website.

Please make checks payable to:

Near East and West Side Task Force
PO Box 710
Buffalo, NY 14215



STRUCTURE

In order to engage the members in all aspects of the initiatives of the Near East and West Side Task Force, the Board of Directors approved membership eligibility with voting rights. The following are membership categories:

I. **Institutions**

\$300 annual fee

May include health networks, hospitals, nursing homes and healthcare providers with 100+ employees, as well as other providers such as colleges, universities, national organizations, etc. The Executive Committee of the Task Force will approve this membership.

II. **Community Based Organizations**

\$100 annual fee

May include social services agencies, volunteer health networks, coalitions, and other interested organizations serving the minority community.

III. **Supporting Members**

\$30 annual fee

May include individuals and/or an individual representing an informal group.

IV. The Board of Directors reserves the right to waive membership dues for seniors, youth and/or any group unable to pay dues but willing to participate. Please indicate on attached form.