# Arkansas Hunger Relief Alliance Membership Form

**Membership Levels (check one)**

- **Statewide Advocacy / State Agency Programs**
  - Organizations that provide hunger/nutrition related services, research, education, outreach and/or advocacy to improve the status of Arkansans
  - $125.00

- **Local Hunger Relief Organizations**
  - Food pantries, soup kitchens, shelters and other organizations that directly serve Arkansans by providing food either prepared on site or for personal use at home
  - $25.00

- **Individual Hunger Advocates**
  - Individuals or organizations that are interested in hunger and nutrition related issues, but are not part of a hunger relief organization
  - $25.00

- **Individual Lifetime Membership**
  - Same as Individual Hunger Advocates, but this membership does not expire
  - $200.00

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**New or Renewal Membership?**

- [ ] New
- [ ] Renewal

**Organization Name**

- ______________________________________

**Hours of Operation**

- ______________________________________

**Mailing Address**

- ______________________________________

**City** ________________, AR **ZIP** ___________ **County** ___________

**Phone** ___________________________ **Fax** ___________________________

**Contact Person’s Name**

- ______________________________________

**E-mail address**

- ______________________________________

**Website and/or Facebook page:**

- ______________________________________

**Method Payment:**

- [ ] Check enclosed (payable to Arkansas Hunger Relief Alliance)

**Or Credit Card:**

- [ ] VISA
- [ ] Master Card
- [ ] American Express
- [ ] Discover

**Credit Card #** ___________________________ **Exp. Date** ___________

**Signature** ___________________________ **CVV** ___________

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Please return this form with payment to:

Arkansas Hunger Relief Alliance - 1400 W. Markham, Suite 304 - Little Rock, AR 72201