



## ARKANSAS HUNGER RELIEF ALLIANCE MEMBERSHIP FORM

### Membership Levels (check one) Annual Membership Fee

- 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

**New or**  **Renewal Membership?**

**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** \_\_\_\_\_

Please return this form with payment to:

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