



## Membership Application

Organization Name:	
Contact Name:	Title:

Membership Type:  
(select one)

- \$100 USD Non-Profit Organization - \$1mm budget & below
- \$250 USD Non-Profit Organization - budget above \$1mm
- \$500 USD Corporate Supporter
- \$100 USD Individual

Email:		
Address:		
City:	State:	Zip:
Office Number:	Mobile Number:	
Website:		
Brief Description of Organization:		

Email completed form to:  
Cornell Crews  
[cornell@reinvestmentalliance.org](mailto:cornell@reinvestmentalliance.org)

Or mail it to:  
Community Reinvestment Alliance of Florida  
3000 Biscayne Blvd  
Ste 215  
Miami, FL 33137