

HOUSING & HOMELESSNESS ALLIANCE OF VERMONT

2026 Member / Donor Form

HHAV works to ensure every Vermonter has safe, stable, and affordable housing, and that homelessness is brief, rare, and non-recurring. Membership dues and donations are a key source of support, helping HHAV advocate statewide, sustain housing programs, and provide services—from rentals to homeownership, shelters to supportive services.

We welcome new individual and organizational members and hope previous supporters continue at similar levels. Contributions of any size make a difference. Return this form with your check, or donate online via PayPal and select “membership dues.”

Suggested dues are based on your organization’s annual budget, though larger contributions are welcome. Reduced or waived dues are available if needed; contact Grace Shyer at gshyer@hhav.org. All donations are tax-deductible.

Organizational Members	Dues	Individual Members	Dues	Organizational Membership Exchange
☐ Budget under \$100,000	\$100	☐ Limited income/student	\$25	☐ If your organization is a membership-based organization and would like to join or renew your HHAV membership, we have an "Organizational Membership Exchange" option. You will receive the same membership benefits as paying organizations in exchange for equivalent membership benefits for HHAV. Please check this box if you would like to exchange membership and contact Grace Shyer for details at gshyer@hhav.org
☐ \$100,000 - \$250,000	\$250	☐ Young professional (under 30)	\$50	
☐ \$250,000 - \$500,000	\$500	☐ Regular	\$100	
☐ \$500,000 - \$2,000,000.	\$1,000	☐ I want to give extra \$ _____		
☐ \$2 million - \$5 million	\$1,500			
☐ \$5 million - \$10 million	\$2,500			
☐ Over \$10 million	\$3,500			
☐ We want to give extra: \$ _____				

The Housing & Homelessness Alliance of Vermont is a statewide membership organization dedicated to ensuring that all Vermonters have safe, adequate, physically accessible and affordable housing and shelter when it’s needed, and service supports to help people find permanent, affordable housing.

Yes, I/we agree with the Statement of Purpose of the Alliance and wish to be a member.

☐ I/we do not wish to be a member but would like to contribute \$_____ as a donation.

☐ For donors: We want to thank you on our website. Please check box if you *do not* want to be listed.

Name

Organization

Mailing Address

Phone

e-mail address*

Website

**Please list the e-mail address for the person you’d like to be our primary contact for your organization.*

☐ **Join email list:** I/we would like to be included on the Coalition’s email list to receive announcements, meeting notices, the HHAV newsletter, and be alerted to important events and calls to action.

Please make check payable to:
Housing & Homelessness Alliance of Vermont
Please send check & membership forms to: HHAV, PO Box 112
Burlington, VT 05402

For Office Use Only:

Date Dues Paid: _____

Amount: _____

▪ Contact Grace Shyer at gshyer@hhav.org with questions regarding your membership ▪