**MEMBERSHIP APPLICATION FOR**

 **COALITION OF RESIDENTIAL EXCELLENCE**

**Agency Information:**

**Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date & Type of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Operating Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Chief Executive Officer: Contact Person (if different):** |
| **Name: Name:**  |
| **Phone: Phone:**  |
| **Email: Email:**  |

**License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regulatory Body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Licensed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accreditation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accrediting Body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Accredited \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please include names and email address of any staff you would like to receive correspondence from CORE (i.e.: legislative alerts, Executive Director reports, etc):

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please return this application for renewal form along with a copy of your agency’s license and/or accreditation certification to:* Coalition of Residential Excellence**

 **300 New Jersey Avenue NW – Suite 900**

 **Washington, D.C. 20001**

|  |  |  |
| --- | --- | --- |
| **Annual Operating Budget** | **Annual Dues** | **Select Amt.** |
| **Less than $1,000,000**  | **$500** |  |
| **$1,000,000 - $1,999,999** | **$1,000** |  |
| **$2,000,000 - $2,999,999** |  **$2,000** |  |
| **$3,000,000 - $4,999,999** | **$3,000** |  |
| **$5,000,000 - $9,999,999** | **$4,000** |  |
| **$10,000,000 - $14,999,999** | **$5,000** |  |
| **$15,000,000 - $24,999,999** | **$6,000** |  |
| **$25,000,000 - $49,999,999** | **$7.500** |  |
| **$50,000,000 - $99,999,999** | **$10,000** |  |
|  **$100,000,000 +** | **$15,000** |  |

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