



**MARYLAND IMMIGRANT RIGHTS COALITION, Inc. (MIRC)
Membership Application/ Renewal**

Name: _____

I am a new member.

Address: _____

Email: _____

Phone: _____

I am an existing member. My contact information did not change.

I am an existing member. My contact information has changed. My new information is above.

CORPORATE MEMBER

Name of Organization

Contact Person for MIRC

Title*

***If signing on behalf of a corporate member, please also list your title in the organization. Corporate members do not pay membership dues or have voting rights.**

INDIVIDUAL MEMBER:

I am not an attorney.

I am an attorney*:

Areas of Practice

I am a student/law school graduate

***By completing this application I affirm that as an attorney I am in good standing and I am not the subject of any disciplinary action.**

TURN OVER TO COMPLETE FORM



MIRC'S mission is to coordinate and maximize existing resources in order to increase the availability and quality of pro bono and low-cost legal representation to low-income immigrants; to educate the community on immigration matters; and to advocate on behalf of Maryland immigrants.

MIRC believes that Maryland is stronger when our communities uphold the dignity and value of each individual.

By signing below, I pledge my support (and/or the corporate member's support) to the mission of MIRC.

Signature: _____ Date: _____

I am enclosing my annual membership dues of \$10

In addition to my membership dues, I would like to make a tax-deductible contribution¹, payable to: Maryland Immigrant Rights Coalition

- \$20**
- \$50**
- \$100**
- \$250**
- Other Amount \$ _____**

Complete this application and remit with payment to:

Maryland Immigrant Rights Coalition

P.O. Box 41533

Baltimore, Maryland 21203

¹ MIRC is a tax-exempt, charitable organization under section 501(c)(3) of the Internal Revenue Code