



Purpose

The Anti-Poverty Network of New Jersey (APN) seeks the prevention, reduction, and end of poverty in New Jersey.

About APN

We believe that ending poverty requires that our state take action to increase the opportunities and reduce the daily challenges for people living with poverty, while also promoting a more equitable social system that builds the common good. Our primary strategic activities are: information sharing, community education, partnership building, providing a framework for public discourse on the causes, effects, and remedies of poverty, and advocating for effective policies and programs. Our membership includes diverse partners including people with lived experience of poverty, non-profit and community-based organizations, faith-based communities, elected and government officials, private businesses, and all concerned individuals.

We are committed to continue this work until we end poverty in every community of New Jersey.

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I/my organization wish to join the work of APN as:

- an individual member
- an organizational member

With annual dues of: _____

My/my organization's focus for advocacy is:

Membership

As a network, APN depends on the commitment of our members to support our work, both financially and in hands-on ways. Our members:

- Help to set the direction of APN's advocacy and community education;
- Receive member benefits, such as regular newsletters and a discount at APN events;
- Are visible supporters of the organization; and
- Empower the work of APN to impact the causes and effects of poverty in the state.

Annual Dues to Support the Network

Organizational Memberships

Annual budget < \$150,000	\$25
Annual budget between \$150,000 and \$500,000	\$50
Annual budget between \$500,000 and \$1 million	\$100
Annual budget > \$1 million	\$200
For-profit members	\$250

Individual Memberships

Individual with lived experience	\$0/ donation
Student	\$10
Individual / social justice professional	\$25

Checks should be payable to Anti-Poverty Network of NJ

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Contact name: _____

Organization (optional): _____

e-mail: _____

phone: _____

address: _____

Statewide Regional Local