



FLORIDA COALITION FOR THE HOMELESS

Office Location: 4111 Land O Lakes Blvd. Suite 301c
 Land O Lakes, FL 34639
 Phone: (727) 809-1980
 Email: victoria@flcoalitionforthehomeless.org
 Website: www.fchonline.org

**Please complete and sign this form and return it to the Coalition office at
 4111 Land O Lakes Blvd. Suite 301c, Land O Lakes, FL 34639**

APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION		
Name:		
Home Phone:	Cell Phone:	
Current Address:		
City:	State: FL	ZIP Code:
E-mail:	Referred By:	
EMPLOYMENT INFORMATION		
Current Employer:		
Employer Address:		
City:	State: FL	ZIP Code
E-mail:	Phone:	Fax:
Position:		
PREFER TO BE CONTACTED AT:		
Address:		<input type="checkbox"/> Home <input type="checkbox"/> Business
City:	State: FL	ZIP Code:
E-mail:	Phone:	
EXPERIENCE (OPTIONAL)		
Do you have strategic planning experience? Yes:___ No:_____		
Do you have fundraising experience and skills? Yes:___ No:_____		
Do you have finance experience and skills? Yes:_____ No:_____		
Do you have experience in the area of program or community development? Yes: ___ No:_____		
Are there any other skills you would like to share?		
GENERAL MEMBERSHIP		
Please choose a level of membership.		
___ Continuum of Care/ Lead Agency..... \$2,500 per year		
___ Organization.....\$500 per year		
___ Individual.....\$100 per year		
COALITION COMMITTEES Please check one or more from below IF YOU ARE INTERESTED IN JOINING		
Executive/Finance Committee	Continuum of Care	
Nominating Committee	ADHOC Committees	

Signature _____

Date: _____