 **FLORIDA COALITION FOR THE HOMELESS, INC.**

Phone: (904) 556-2496

 Email: randrews@flcoalitionforthehomeless.org

 Website: [www.fchonline.org](http://www.fchonline.org)

**Please complete and sign this form and return it to Louise Hubbard, FCH Treasurer:**

**2525 St Lucie Ave, Vero Beach, FL 32960**

***The Florida Coalition for the Homeless, Inc. is a 501(c)3 non-profit organization and all donations are tax deductible as allowable by law.***

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**2017 APPLICATION FOR MEMBERSHIP**

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| --- |
| Applicant Information |
| Name:  |  |
| Home Phone:  | Cell Phone:  |
| Current Address:  |
| City:  | State: FL | ZIP Code:  |
| E-mail:  | **Referred By:** |
| Company Information (if applicable) |
| Company:  |
| Business Address:  |  |
| City:  | State:  | ZIP Code |
| E-mail:  | Phone:  | Fax:  |
| Position:  |
| PREFERRED CONTACT: |
| Address:  | \_\_\_ Home \_\_\_\_ Business |
| City:  | State:  | 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. Visit our website at** [**http://www.fchonline.com**](http://www.fchonline.com) **for more information about membership benefits.**\_\_\_ Continuum of Care/ Lead Agency………………………………………………………………$2,500 per year \_\_\_ Partner …. ………………………………………………………………………………………$1,500 per year\_\_\_ For Profit or Large Nonprofit Organization (>15 employees): …………………………………...$500 per year \_\_\_ Local Government or Small Nonprofit Organization (<15 employees): ………………………….$200 per year \_\_\_ Individual…………………………………………………………………………………………...$100 per year\_\_\_ Student……………………………………………………………………………………………… $25 per year  |
| **COALITION COMMITTEES Please check one or more from below IF YOU ARE INTERESTED IN JOINING** |
|  **[ ]** Conference Content Committee [ ]  Continuum of Care Committee [ ]  Membership Committee [ ]  Conference Sponsorship Committee [ ]  ADHOC Committees [ ]  Marketing Committee |

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