



FLORIDA COALITION FOR THE HOMELESS, INC.
 Phone: (904) 556-2496
 Email: randrews@flcoalitionforthehomeless.org
 Website: www.fchonline.org. Visit us online for more information about benefits.

**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.

2018 APPLICATION FOR MEMBERSHIP

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 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		
<input type="checkbox"/> Conference Content Committee	<input type="checkbox"/> Continuum of Care Committee	<input type="checkbox"/> Membership Committee
<input type="checkbox"/> Conference Sponsorship Committee	<input type="checkbox"/> ADHOC Committees	<input type="checkbox"/> Marketing Committee

Signature _____

Date: _____