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

Phone: (321) 258-1849

Email: [info@fchonline.org](mailto:info@fchonline.org)

Website: [www.fchonline.org](http://www.fchonline.org). *Visit us online for more information about benefits.*

**Please complete and sign this form and return it to Leeanne Sacino, Executive Director**

**PO Box 60614, Palm Bay FL 32906**

***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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**APPLICATION FOR MEMBERSHIP**

**\*Our Fiscal Year runs from July 1 – June 30th**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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): ………………………….$250 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**