

**APPLICATION FOR MEMBERSHIP**

**January 1, 2017 through December 31, 2017**

Individual membership dues are $15 per year; $25 per year for non-profit organizations; and $50 per year for profit entities. Government agencies are exempt from paying dues. Individual employees are encouraged to register as individual; however, this will not affect voting privileges.

Form of Membership: Individual ☐ Non-Profit ☐ For-Profit ☐ Government Agency ☐

Organization or Individual Name:

 Nature of Business or Profession:

Business Address:

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred E-Mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional personnel email addresses (to add to email list):

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| Please complete and return with your annual dues to: HOT Homeless Coalition C/O: Shaun LeeP.O. Box 23025 Waco, Texas 76702 If you have any questions, please contact: Carlton Willis at: shaun.lee@hotrmhmr.org or Melinda Bonds at: melinda.bonds@hotrmhmr.org.If requested, a receipt will be sent to you for your records. | **COALITION USE ONLY** Date Received: Name: Check #: Cash Received:  |