

**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 Lee  P.O. Box 23025 Waco, Texas 76702  If you have any questions, please contact: Carlton Willis at: [shaun.lee@hotrmhmr.org](mailto:shaun.lee@hotrmhmr.org) or Melinda Bonds at: [melinda.bonds@hotrmhmr.org](mailto:marylou_polk@compassionwaco.com).  If requested, a receipt will be sent to you for your records. | **COALITION USE ONLY**  Date Received:  Name:  Check #:  Cash Received: |