

# 2018-2019 MEMBERSHIP APPLICATION

Membership Term: July 1, 2018 - June 30, 2019

## MEMPHIS & SHELBY COUNTY HOMELESS CONSORTIUM



### APPLICATION DATE, TYPE, & CATEGORY

APPLICATION DATE:

\_\_\_\_\_

APPLICATION TYPE:

Renewal    New Application

REGISTRATION CATEGORY:

Association    Individual

### ASSOCIATION INFORMATION

Association/Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

\*How should you/the organization be listed on the website and/or in any Consortium-related publications?

### NAMES & E-MAIL ADDRESSES OF ORGANIZATIONAL REPRESENTATIVES

Primary Contact \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number for Primary Contact Only: (\_\_\_\_) \_\_\_\_\_ [  Office    Mobile    Other

### ADDITIONAL REPRESENTATIVES FOR THIS ORGANIZATION:

Name	E-mail Address	Committee

### COMMITTEE(S) OF INTEREST

(Each member organization must have representation on at least one subcommittee or workgroup.)

- Continuum of Care Planning Committee    
  Healthcare Committee    
  HMIS Committee  
 Families & Youth Committee    
  Veterans Committee  
 Single Adults Committee  
      Landlord Workgroup  
      Housing & Supportive Services Workgroup  
      Housing Prioritization Council

**The fee for membership is \$10, and payment must accompany the completed application.**

This membership will expire on June 30, 2018, and must be renewed on or before July 1, 2019. Please make checks payable to Community Alliance for the Homeless, Inc., and mark Consortium Membership on the memo line. For your convenience, Consortium members may also submit membership payments online if desired. When paying online, please ensure that the payment is marked accordingly.

**Please mail or bring payment (with application) to:**  
 Community Alliance for the Homeless, Inc.  
 44 N. Second Street, Suite 302 • Memphis, TN 38103

**For meeting minutes and other information, please visit <http://www.cafh.org/consortium/>**