2023 Continuum of Care Membership Form

Organization Name:________________________________________________________________________

Main Contact and Voting Representative Name:_________________________________________________

Main Contact and Voting Representative Email: _________________________________________________

Street Address:  ___________________________________________ ____________________________

City/State/Zip: __________________________________________________________________________

All Neighbors Coalition Membership Fees (check one):

__ Individual Member: $25

__ Individual Member with Lived Experience: Waived

__ Government: $100

__ Organizational Membership based on budget*:

    __ $100 - if your organization budget is $0 to $500,000
    __ $150 - if your organization budget is $500,001 to $1,000,000
    __ $200 - if your organization budget is $1,000,001 to $3,000,000
    __ $350 - if your organization budget is $3,000,001 to $5,000,000
    __ $500 - if your organization budget is $5,000,001 to $10,000,000
    __ $1,000 - if your organization budget is over $10,000,000

* Multi-service agency – you may use the amount devoted to homeless services

Please return this form by mail with your check to: Housing Forward, Attn: Development and Communications Department, 2900 Live Oak St, Dallas, TX 75204.

Individuals with Lived Experience: Please return this form by email to David.Gruber@housingforwardntx.org or by mail to: Housing Forward, Attn: Development and Communications Department, 2900 Live Oak St, Dallas, TX 75204.

You can also join and pay your membership dues online! Just go to https://metrodallashomelessalliance-bloom.kindful.com/?campaign=1213070.