



2024 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 \$5,000,000 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, 3000 Pegasus Park Dr. STE 1020, Dallas, TX 75247.

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, 3000 Pegasus Park Dr. STE 1020, Dallas, TX 75247.

You can also join and pay your membership dues online! Just go to <https://donate.housingforwardntx.org/?campaign=1213070>.