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| MEMBERSHIP APPLICATION |

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| **ORGANIZATIONAL INFORMATION:** |
| Agency Name: |  |
| Address: |  |
| Phone: |  | Fax: |  |
| Website |  |
| **PRIMARY ORGANIZATIONAL CONTACT:**  |
| Name: |  |
| Phone: |  | Cell: |  |
| Email |  |
| **INDIVIDUAL MEMBERSHIP INFORMATION:** |
| Name: |  |
| Address: |  |
| Phone: |  | Cell: |  |
| Email: |  |
| **SELECT MEMBERSHIP LEVEL:** |
| **❒ Organizational Membership \*** |
| *Select one:* | Annual Operating Budget of $250,000 or less | $100.00 |
|  | Annual Operating Budget of $250,001 - $500,000 | $200.00 |
|  | Annual Operating Budget over $500,001 | $300.00 |
| **❒ Individual Membership** *(not affiliated with an agency or service provider)* | $45.00 |

Submit membership application and dues to:

Tarrant County Homeless Coalition
PO Box 471638
Fort Worth, TX 76147 -1406

*\*Organizational Membership entitles all employed agency staff to the TCHC Case Manager Boot Camps and all*

 *Bi-monthly Intermediate Trainings.*

Questions? Call 817-509-3635 or tchc@ahomewithhope.org