TCHC final COLOR.tif

|  |
| --- |
| MEMBERSHIP APPLICATION |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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