

Chattanooga Regional Homeless Coalition Membership Application

Type of Membership
(Please Select One)

| FEES | | |
|--------|-------|--|
| \$ 130 | _____ | Business/Organization with a budget of at least \$1 million. |
| \$ 70 | _____ | Business/Organization with a budget less than \$1 million. |
| \$ 55 | _____ | Church/Congregation |
| \$ 30 | _____ | Individual/Family |
| \$ 0 | _____ | Homeless and formerly homeless persons |

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| | | |
|-----------------|-------|---|
| Date: | _____ | Please check which committee you would like to join. <input type="checkbox"/> Advisory Committee <input type="checkbox"/> Resource Development Committee <input type="checkbox"/> Research & Evaluation Committee <input type="checkbox"/> Education & Training Committee <input type="checkbox"/> Nominating Committee <input type="checkbox"/> Strategic Planning Committee |
| Name: | _____ | |
| Organization: | _____ | |
| Address: | _____ | |
| City-State-ZIP: | _____ | |
| Phone: | _____ | |
| Fax: | _____ | |
| Email: | _____ | |
| Web Site: | _____ | |
| | | Thank You! |

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Thanks For Joining!

Mail completed application and membership fee to :

The Chattanooga Regional Homeless Coalition
P.O. Box 3690
Chattanooga, TN 37404

CHRC USE ONLY

_____ **ENTERED**

_____ **PAID**

_____ **CONTACTED**