



## MEMBERSHIP APPLICATION

PLEASE COMPLETE ALL SECTIONS:

- Check one:
- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Agency Membership (single department participating) – \$125 annually       |
| <input type="checkbox"/> | Agency Membership (two or more departments participating) – \$400 annually |
| <input type="checkbox"/> | Agency Membership (HUD-funded agencies) - \$200 annually                   |
| <input type="checkbox"/> | Individual Membership – \$25 annually                                      |

Organization: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name & Title of Designated Representative(s) to  
Vote on Alliance Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please return completed membership form and payment for dues to:

**Kings/Tulare Homeless Alliance**  
**Post Office Box 1742**  
**Visalia, California 93279**

 Make checks payable to: *Kings/Tulare Homeless Alliance*