



## 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: \_\_\_\_\_

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

**Designated Representative(s) to Vote on Alliance Business:**

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

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

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

**Billing Contact:**

Name & Title \_\_\_\_\_

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

Please return completed membership form and payment for dues to:

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

 **Make checks payable to: *Kings/Tulare Homeless Alliance***  
<https://www.kthomelessalliance.org/membership>

In compliance with the Americans with Disabilities Act, if you need special assistance to complete this form, please contact Laura Fisher at the Kings/Tulare Homeless Alliance Office at (559) 738-8733.

