



BOISE/ADA COUNTY
HOMELESS
COALITION

BOISE / ADA COUNTY HOMELESS COALITION
P. O. BOX 6283
BOISE, ID 83707

MEMBERSHIP APPLICATION / ANNUAL DUES INVOICE

To join online visit: www.homelesscoalitionboise.com/join-us/

Membership will become effective on the 1st of the month following the month in which dues are paid and will remain in effect for a 12-month period. Payments received before the member anniversary date will be applied on the anniversary date.

Choose Membership Type:

- Individual - \$20
- Service Provider/Congregation - \$40
- Business - \$75
- Student - \$10
- New nonprofit (1st two years of operation) - \$20

Date of Renewal or Joining _____

Member Name (Individual or Organization):

Name of Voting Representative (for Organizations):

Email Address _____

Mailing Address _____

Phone _____

Submit check and this form to: **Boise/Ada County Homeless Coalition**
P.O. Box 6283, Boise, ID 83707

Or pay online at: <https://www.homelesscoalitionboise.com/join-us/>

If this is a new membership application, please complete the questions on the next page.

The Homeless Coalition is a partnership of organizations and community members who are all actively engaged in supporting affordable housing, preventing and eliminating homelessness, and/or helping people through transitions into safe, sustainable housing. In order to be effective with that, our focus is much broader than just housing, and includes issues related to social and economic well-being, healthcare, employment, and education, as related to persons experiencing homelessness.

The membership of the Boise/Ada County Homeless Coalition holds the following values, and agrees:

- To treat all people with dignity and respect,
- That homelessness is unacceptable in our community, and requires the application of our collective compassion, resources, advocacy and action.
- To recognize each individual and family's right to stable, safe, and affordable housing, quality medical and mental health care, food, clothing, education and sustaining income and/or employment.
- To encourage best practices, while advocating for change and innovation.

Now, tell us about yourself (Renewing members who have never filled out this form, we'd love to hear from you too!):

How did you hear about the Boise/Ada County Homeless Coalition?

Please describe your interest in joining the Homeless Coalition? _____

How/where do you think you can help with the solutions the Coalition supports?

Please let us know the organizations of which you are a member. (We hope to bring all aspect of our community to the table to solve the issues of homelessness.)

Thank you for your time and interest in meeting the challenges of ending homelessness in our community!

Please submit the Membership Form and payment to:

**Boise/Ada County Homeless Coalition
P.O. Box 6283
Boise, ID 83707**