

SALT LAKE COUNTY HOMELESS COORDINATING COUNCIL INC.

Membership Application

Member Category: Organization Individual Student Homeless/Formerly Homeless

Organization/Individual Name: _____

Org Department (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Voting Member: _____

Phone Number: (____) _____ E-mail: _____

2. Alternate Voting Member: _____

Phone Number:(____) _____ E-mail: _____

Member Category	Membership Dues	Annual Organization Budget	Due Amount
ORGANIZATION Including: Federal, State, Local Government, public housing authorities, Non- profit and other organizations	Based on Annual Organization budget	\$5 Million +	\$150
		\$1,000,000-\$4,999,999	\$125
		\$300,000-\$ 999,999	\$100
		\$100,000 – \$299,999	\$75
		Under \$100,000	\$50
INDIVIDUAL	\$40		
STUDENT	\$20		
HOMELESS/FORMERLY HOMELESS	Free		

Organization Type (check one)	Geographic Area Served (check all applicable)
<input type="checkbox"/> State/Federal Agency <input type="checkbox"/> Local Government <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> School Systems/University <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Funders/Advocacy Groups <input type="checkbox"/> Business/Business Association <input type="checkbox"/> Law Enforcement/Corrections <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Homeless Service Funding Source <input type="checkbox"/> Other _____	<input type="checkbox"/> Salt Lake City <input type="checkbox"/> Salt Lake County <input type="checkbox"/> Tooele County <input type="checkbox"/> Statewide <input type="checkbox"/> Other _____ <p style="text-align: center;">Sub-Populations Served (check all applicable)</p> <input type="checkbox"/> Seriously Mentally Ill <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Domestic Violence

(Over)

Services Inventory Chart
(check all applicable)

Prevention	Outreach	Supportive Services
<input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Utilities Assistance <input type="checkbox"/> Counseling/Advocacy <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Other _____	<input type="checkbox"/> Street Outreach <input type="checkbox"/> Mobile Clinic <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other _____	<input type="checkbox"/> Case Management <input type="checkbox"/> Life Skills <input type="checkbox"/> Alcohol & Drug Abuse <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Healthcare <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Food Distribution <input type="checkbox"/> Other _____

Please send check or money order to:
Salt Lake County Homeless Coordinating Council Inc.
c/o Eileen Dwyer, Director
210 South Rio Grande Street, Salt Lake City, Utah 84101 Ph. 801-359-4142 ext. 362