



HEART OF TEXAS
HOMELESS COALITION
Advocacy, Assistance & Acknowledgement

APPLICATION FOR MEMBERSHIP: January 1, 2008 – December 31, 2008

Individual: \$15.00 **Non Profit Organization: \$25.00** **For Profit Business: \$50.00**

Voting Member Eligibility requires current dues and attendance of 7 of 12 regular meetings. The fiscal year runs from January 1st through December 31st.

Name: _____

Employer: _____

Nature of Business or Profession: _____

Job Title: _____

Business Address: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Pager: _____

Work email: _____ Home email: _____

Home address: _____

Home phone: _____ Fax: _____

Where do you prefer meeting notifications be mailed? (circle one) work home

Please complete and return to: Heart of Texas Homeless Coalition
P.O. Box 23025
Waco, TX 76702

Please call Jill McCall at (254) 755-7640 if you have any questions.

COALITION USE ONLY

Date application received: _____

Notification to: Chairperson: _____ Vice Chairperson: _____ Secretary: _____

Added to Communication Chain: _____