**Regional Task Force on the Homeless Membership Application**

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| **Individual / Organization Information** | | |
| Name of Organization or Individual | | Click here to enter text. |
| Street Address | | Click here to enter text. |
| City, State, Zip Code | | Click here to enter text. |
| Contact E-mail | | Click here to enter text. |
| Contact Telephone | | Click here to enter text. |
| Type of Membership Request | | Individual ($50.00)Organizational ($100.00)  Non-Voting |
| Name of Executive Director  (organizational memberships only) | | Click here to enter text. |
| **Member Affiliations or Potential Conflicts** | | |
| Is the individual affiliated with one or more organizational member agencies of the RTFH?  Yes No Unknown If yes, identify organization(s) and relationship(s) below: | | |
| **Name of Organization #1:** Click here to enter text.  The person is affiliated with organization #1 as a(n): Board member Contractor Employee Volunteer  Other Click here to enter text. | | |
| **Name of Organization #2:** Click here to enter text.  The person is affiliated with organization #1 as a(n): Board member Contractor Employee Volunteer  Other Click here to enter text. | | |
| **Name of Organization #3:** Click here to enter text.  The person is affiliated with organization #1 as a(n): Board member Contractor Employee Volunteer  Other Click here to enter text. | | |
| **Organizational Profile** | | |
| Type of organization: Public Private For Profit Not for Profit Foundation or Philanthropy  Other: Click here to enter text.  Size of Organization (#of employees): 0–25 26--50 51- 250 Over 250 Over 500  Primary service or business of organization: Click here to enter text. | | |
| **RTFH Membership Requirements** | | |
| Membership in the RTFH requires the following commitments:   * Commit to the RTFH mission. * Attend meetings of the Full Membership at least twice per year. * Participate in board advisory committees and/or task groups. * Abide by the Conflict Of Interest and Code of Conduct policies. * Submit payment of annual membership fee of **$50.00** (individual) or **$100.00** (organizational) with application. | | |
| **Applicant Acknowledgement** *(check one only)* | | |
| By submitting this application, I am committing to the membership requirements identified above.  I acknowledge and commit to the membership requirements above, except I request a waiver of the annual fee for the following reason: Click here to enter text. | | |
| **Date of Application** | **Signature (or typed name) of Individual or Authorized Organizational Representative** | |
| Click here to enter a date. | X | |
| **For ORGANIZATIONAL MEMBERSHIPS, up to three (3) persons may officially represent the organization for attendance and voting purposes each year. Please Identify representatives below.** | | |
| **The following persons have been selected to represent the organizational member listed on page 1:** | | |
| **Name of Representative #1:** Click here to enter text.  **Email Address:** Click here to enter text.  This person is a(n): Board member Contractor Employee Volunteer Other Click here to enter text. | | |
| **Name of Representative #2:** Click here to enter text.  **Email Address:** Click here to enter text.  This person is a(n): Board member Contractor Employee Volunteer Other Click here to enter text. | | |
| **Name of Representative #3:** Click here to enter text.  **Email Address:** Click here to enter text.  This person is a(n): Board member Contractor Employee Volunteer Other Click here to enter text. | | |

**Annual membership fees:**

**Individual - $50.00**

**Organizational - $100.00**

**Please submit this form and payment to:**

**Regional Task Force on the Homeless**

**4699 Murphy Canyon Road, Suite 104**

**San Diego, CA 92123**

**Attn: Mandy Patterson - Membership**