**Regional Task Force on the Homeless Membership Renewal Form**

This renewal form is intended for use if no significant changes that impact your original application have occurred. For example, there are no changes in affiliation or conflict of interest. Submitting a renewal form implies that you are aware of the RTFH membership requirements and will continue to abide by them.

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| **Individual / Organization Information** |
| 1. | Date of Application | Click here to enter a date. |
| 2. | Name of Organization or Individual | Click here to enter text. |
| **Questions 3-8 do not need to be answered unless any of the requested information has changed since your membership was last renewed. Otherwise, skip to question 9.**  |
| 3. | Street Address  | Click here to enter text. |
| 4. | City, State, Zip Code | Click here to enter text. |
| 5. | Contact E-mail  | Click here to enter text. |
| 6. | Contact Telephone  | Click here to enter text. |
| 7. | Type of Membership Request | [ ] Individual [ ] Organizational  |
| 8. | Name of CEO / ED(organizational memberships only) | Click here to enter text. |
| **Each Organizational Member shall annually designate up to three (3) individuals to serve as its representatives. The following individuals have been selected to represent the Organizational Member listed above.**  |
| 9. | **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. |
| 10. | **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. |
| 11. | **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**