**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.
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| **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**