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

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| **Individual / Organization Information** |
| Name of Organization orName of Individual (not representing an org.) | 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 (phone) | Click here to enter text. |
| Contact Telephone (cell) | Click here to enter text. |
| Type of Membership Request | [ ] Individual ($50.00) [ ] Organizational ($100.00) 🞎Non-Voting |
| Payment Type | [ ] RTFH PayPal (Website) [ ] Check |
| 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 or unknown, identify organization(s) and relationship(s) below: |
| **Name of Organization #1:** Click here to enter text.The person is affiliated with organization #2 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 #2 as a(n): [ ] Board member [ ] Contractor [ ] Employee [ ] Volunteer[ ] Other Click here to enter text. |
| **Other Potential Conflicts**: (please list any other potential conflicts of interest that may exist):Click here to enter text. |
| **Organizational Profile** |
| Type of organization: [ ] Public [ ] Private For Profit [ ] Not for Profit [ ] Foundation/Philanthropy [ ] Other: Click here to enter text.Size of Organization/# of employees: [ ] 0 – 25 [ ] 26 – 50 [ ] 51 – 250 [ ]  250 – 500 [ ] 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, as appropriate.
* Abide by the Conflict Of Interest and Code of Conduct policies.
* Submit payment of annual membership fee with application.
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| **Applicant Acknowledgement** *(initial 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. |
| **Signature of Individual or Authorized Organizational Representative** (*Typed name accepted as signature*) |
| X Click here to enter text. Date of Application: Click here to enter a date. |
| **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 Primary Representative #1:** Click here to enter text.**E-mail of Primary Representative #1:** Click here to enter text.**Email of an Assistant to receive notification to the Primary:** Click here to enter text.This person is a(n): [ ] Board member [ ] Contractor [ ] Employee [ ] Volunteer [ ] Other Click here to enter text. |
| **Name of Alternate Representative #2:** Click here to enter text.**E-mail of Alternate Representative #2:** Click here to enter text.This person is a(n): [ ] Board member [ ] Contractor [ ] Employee [ ] Volunteer [ ] Other Click here to enter text. |
| **Name of Alternate Representative #3:** Click here to enter text.**E-mail of Alternate Representative #3:** 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**

**(Dues Cover a July – June fiscal year)**

**On-line Membership Application:** <https://www.rtfhsd.org/partners/membership/>

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

**Regional Task Force on the Homeless**

**4699 Murphy Canyon Road, Suite 104**

**San Diego, CA 92123**

**Attn: Membership**