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

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| **Individual / Organization Information** | |
| Name of Organization or  Name 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. | |
| **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**