



2023 Membership Application

Date: _____

Vision: All members of our community have housing that supports a self-directed life.

Mission: Coordinating a community response to end homelessness in NWA.

Organization Name (if applicable): _____

Contact Person(s)/Title/Email: _____

Designated Voting Representative (if different than above): _____

Alternate Voting Representative: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Website Address (if applicable) *: _____

*The CoC has permission to include this link in its online member directory: Yes No

Level of Membership:

- Individual Membership: \$50
- Agency Membership: \$150 annually
- Corporate Sponsorship: \$_____

Interested in Serving as: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Finance Committee member | <input type="checkbox"/> Diversity, Equity, & Inclusion Committee member |
| <input type="checkbox"/> Executive Committee member | <input type="checkbox"/> Advocacy Committee member |
| <input type="checkbox"/> Coordinated Entry Committee member | <input type="checkbox"/> Landlord Engagement Committee member |
| <input type="checkbox"/> Rank and Review Committee member | <input type="checkbox"/> Youth Council Committee member |
| <input type="checkbox"/> Resource Development Committee member | <input type="checkbox"/> COVID-19 Response Committee member |
| <input type="checkbox"/> Other: _____ | |

Dues Waiver Consideration:** *If you or your agency are interested in NWA CoC membership but unable to pay annual dues for any reason, please indicate the reason for inability to pay dues:*

- Currently/Formerly Homeless
- Other (please explain in the space provided): _____

****Your waiver application will be reviewed by the Executive Committee, and you will be contacted with a decision.**

Additional Information About Your CoC Involvement

Your Membership Affiliation (check all that apply):

- Homeless Formerly Homeless Community Advocate Agency/Organization
- Other _____

If Public Sector:

- Law Enforcement
- Corrections
- Local Government Agency
- State Government Agency
- Public Housing Agency
- School District
- University
- Other _____

If Private Sector:

- Housing Provider
- Business
- Faith-Based
- Funder Advocacy Group
- Health Care
- Social Service Provider
- Non-Profit Organization
- Affordable Housing Developer
- Other _____

If Agency:

Do you have interest in applying for HUD or ESG funds in the future? Yes, HUD Yes, ESG No

Subpopulations Served:

- Mentally Ill Domestic Violence
- Veterans Unaccompanied Youth (Ages 18 to 24)
- Other: _____

Housing Bed Types Provided:

- Emergency Shelter Transitional Housing
- Permanent Supportive Housing Rapid Re-Housing
- Other: _____

Signature

Title

Date

Please Make Checks Payable to: Northwest Arkansas Continuum of Care
Send your Check and this Form to: NWA CoC, PO Box 3643, Fayetteville, AR 72702
THANK YOU!