



# 2025 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"/> PLEE X Advocacy Committee member     |
| <input type="checkbox"/> Executive Committee member            | <input type="checkbox"/> Landlord Engagement Committee member |
| <input type="checkbox"/> Coordinated Entry Committee member    | <input type="checkbox"/> Youth Council Committee member       |
| <input type="checkbox"/> Rank and Review Committee member      | <input type="checkbox"/>                                      |
| <input type="checkbox"/> Resource Development Committee member | <input type="checkbox"/>                                      |
| <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, 1113 W. Poplar Street, Rogers AR 72756**

**THANK YOU!**