



2026 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"/> Youth Council Committee member |
| <input type="checkbox"/> Coordinated Entry Committee member | <input type="checkbox"/> |
| <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!