



# 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 <input checked="" type="checkbox"/> 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: \_\_\_\_\_

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Signature

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Title

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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!**