

2009

Membership-EscaRosa Coalition on the Homeless

Membership in the EscaRosa Coalition on the Homeless is open to any organization, business, governmental entity and/or individual who is:



- Interested in helping homeless men, women and children
- Committed to collaboration and coordination through the EscaRosa Coalition on the Homeless to implement the community-developed plans related to homelessness in Escambia and Santa Rosa Counties
- Understands homelessness is a community-wide issue that can not be solved by one organization, agency or entity and therefore helping our homeless neighbors requires participation by all segments of the community

As a member of the Coalition, you will be:

- **Demonstrating your commitment** to helping our homeless neighbors and being part of a solution required to fully meet their needs
- **Joining with others** who, through mutual support and recognition, are working to develop and implement systemic change and services that close the gaps in the current homeless system of care

This packet contains this following information:

- Membership benefits
- Membership Categories and dues
- Member Rights and Responsibilities
- Application Instructions

Additional information about the EscaRosa Coalition on the Homeless, its mission, purpose and work can be obtained on the Coalition's Web site (www.ecoh.org), via an email to director@ecoh.org or calling the Coalition office at (850) 439-3009 or Executive Director (850) 255-5580.

Membership Categories

Annual memberships are available in the following categories:

Benefactor: Any individual, corporation or governmental entity that provides services, support for services to the homeless and/or that is genuinely interested in helping the Coalition attain its purposes and reduce homelessness in Escambia and Santa Rosa Counties.

Business: Any for-profit entity that provides services, support for services to the homeless and/or that is genuinely interested in helping the Coalition attain its purposes and reduce homelessness in Escambia and Santa Rosa Counties.

Nonprofit Corporate Member: Any corporation organized as a nonprofit corporation (including faith-based) that provides services to or advocacy on behalf of homeless persons and those at risk of becoming homeless shall be eligible for a nonprofit corporate membership. Membership fees are based on budget size.

Individual Member: Any individual who is genuinely interested in the provision of, or advocacy for, services to homeless persons and those at risk of becoming homeless in Escambia or Santa Rosa Counties in Florida, and whose admission will contribute to the Coalition's ability to carry out its charitable and educational purposes. No individual shall hold more than one membership.

Family Membership: This membership is designed to permit multiple individuals representing themselves as a family unit that wish to contribute to the support of the Coalition's charitable and educational mission, to enjoy membership under one fee.

Homeless or Formerly Homeless Individual Member: Any individual who is currently or has been without a stable permanent residence in Escambia and Santa Rosa Counties and whose admission will contribute to the Coalition's ability to carry out its charitable and educational purposes.

Membership Benefits

All Coalition membership levels receive:

- Opportunity to vie for competitive funding sources (e.g. HUD's Homeless Assistance Grant, Florida's Challenge Grant, Florida's Homeless Housing Assistance), if applicable
- Increased opportunity to network with others concerned about homelessness
- Linkage to experts in developing and operating homeless programs and services
- Recognition as a member of the Coalition for one (1) calendar year
- Name listed on Coalition's website and with a link to your organization's website for the membership year
- Voting rights (one vote per organization / individual membership / family) which include the election of Board members.

Annual Membership Dues

Membership dues help support the Coalition's work, including the continuum of care planning, the completion/submission of HUD's annual grant application, monitoring of state and federal grants passed through the Coalition, communication material, awareness and advocacy efforts.

NOTE: Membership runs from January 1 through December 31st. Membership dues are not prorated. Multiple members of any business, nonprofit or family may attend and participate in Coalition activities and meetings; however, they will not enjoy voting privileges unless each one has secured membership.

Each membership fee represents one vote on the Coalition

Benefactor:	\$250 and above
Business:	\$100 and above
Nonprofit:	\$100 (for budgets exceeding \$250,000) \$50 (for budgets under \$250,000)
Family	\$30
Individual	\$20
Student	\$5
Homeless/Formerly Homeless	waived

Membership Rights and Responsibilities

As a member of the Coalition, you have the Right:

- To participate in the Coalition regardless of type or size of organization
- To be respected regardless of the size of your organization or membership category
- To be treated with courtesy and respect, with appreciation for organization's and/or individual contribution to the homeless system of care
- To participate in the preparation and review of community-wide planning efforts.
- To prompt response(s) to questions about the Coalition
- To all benefits afforded members according to membership category

As a member of the Coalition, you have the Responsibility:

- To actively support the work of the EscaRosa Coalition on the Homeless
- To participate in Coalition activities (such as monthly meetings, committee meetings and/or events) whenever possible
- To contribute to the dialogue about homelessness
- To assist in educating the community about homelessness in the community
- To provide information about your organization to the Coalition as needed for community wide planning, grants and referral information

EscaRosa Coalition on the Homeless
Membership Application Form

[please create a separate application for each individual]

Name to be listed on Coalition Membership: _____

Agency/Nonprofit/Organization Name: _____

Address for Mailing:

Email Address: _____

Phone: 1. _____ 2. _____

I wish to become a member of the EscaRosa Coalition on the Homeless for the calendar year 2009 and will support the work of the Coalition. By submitting this application I agree to the responsibilities listed in the application packet and understand that this membership represents one (1) vote on the Coalition.

Please include me at the following membership level:

- | | |
|---|---|
| <input type="checkbox"/> Benefactor: | \$250 and above |
| <input type="checkbox"/> Business: | \$100 and above |
| <input type="checkbox"/> Nonprofit: | \$100 (for budgets exceeding \$250,000)
\$50 (for budgets under \$250,000) |
| <input type="checkbox"/> Family | \$30 |
| <input type="checkbox"/> Individual | \$20 |
| <input type="checkbox"/> Student | \$5 |
| <input type="checkbox"/> Homeless/Formerly Homeless | waived |

I wish to donate additional funds in the amount of: \$_____ to support ECOH.

Payment options (we do not accept credit cards at this time):

- Check
- Cash
- Monthly auto-draft from account *

Please mail application form to:

EscaRosa Coalition on the Homeless
P. O. Box 17222
Pensacola, FL 32522

*if you choose this option, our bookkeeper will contact you for details