



## 2019 ORGANIZATION MEMBERSHIP FORM

*Members of the Coalition on Homelessness support the work of the Coalition for safety, housing, and justice for people who are experiencing homelessness.*

In order to continue to serve our member organizations and sustain our work for safety, housing, and justice for people experiencing homelessness, we have updated our membership dues and invoicing model for 2019. Membership dues are based on organizational operating budgets, as provided on this membership form (see page 2). Multi-service organizations may pay dues based on the portion of your budget for housing and homelessness services.

Once you have completed this form, you will receive an invoice based on your organization's budget information. If your organization runs on a fiscal year, let us know and we will work with you on the best timing for invoicing and payment of your organization's dues. Please return your completed membership form and send any questions to [hallie@homelessinfo.org](mailto:hallie@homelessinfo.org). You may also mail your membership form to:

Seattle/King County Coalition on Homelessness  
85 S Washington St., Suite 310  
Seattle, WA 98104

### Organization Information

Organization Name:  
Mailing Address:  
City:  
State:  
Zip:  
Phone:  
Email:

### Coalition Participation

We are excited about actively participating in the following benefits of membership:

Meetings and Trainings:

- Monthly general membership meetings (3rd Thursday, 9-11am)
- Case manager trainings, professional development for providers & allies
- Advocacy 101 workshops

Activities and Projects:



- Helping Homeless Students (including Project Cool for Back to School)  
Note: Project Cool is a benefit of membership and requires current payment of membership dues to participate.
- Civic Engagement (including Voter Education and Registration)
- Budget & Policy Advocacy at the city, county, and/or state level
- Housing & Homelessness Advocacy Day in Olympia

**Financial Information**

Fiscal year (please check one):

- My organization’s fiscal year runs on a calendar year, from January 1 - December 31
- My organization’s fiscal year runs from July 1 - June 30
- My organization has another fiscal year: \_\_\_\_\_

Budget information:

Membership dues are based on organizational operating budgets. Multi-service organizations may pay dues based on the portion of your budget for housing and homelessness services. Dues rates are as follows:

Operating Budget Level	Dues Rate
Under \$50,000	\$75
\$50,000 to \$150,000	\$150
Over \$150,000	Operating or homelessness/housing budget x .001 (One tenth of one percent)

To help us calculate your organization’s 2019 membership dues, please provide the following information:

- Our agency’s annual operating budget is: \_\_\_\_\_
- My organization is a multi-service organization. Our housing/homelessness program budget is:  
\_\_\_\_\_

We will pay our dues on the following schedule:

- Quarterly
  - Please send separate invoices each quarter
  - Please just send one invoice
- Annually – Note: organizations are encouraged to pay full membership dues by January 31, 2019



We will pay our dues:

- By check
- Online (Credit Card, PayPal) - additional service fee of 2.9%
- Over the phone (Credit Card) - additional service fee of 2.9%

### Key Agency Contacts

Please provide contact information for staff for the following categories (the same person can be the contact for multiple categories). This will help us get in touch with the right people so your organization can take advantage of all of the benefits of membership.

#### Executive Director or Department Head

Name:

Email:

Phone:

Coalition Membership Contact: *This is the person we will contact for questions regarding membership and programs not listed below or without designated contacts.*

Name:

Title:

Email:

Phone:

Contact for Invoicing and Dues Processing: *This is the person we will contact if there are discrepancies or questions regarding dues payment and processing.*

Name:

Title:

Email:

Phone:

Voting Contact: *Membership in the Coalition includes the ability to vote on some pieces of Coalition work, including election of the Board of Directors. The voting contact will be the person designated to cast a vote from your organization; if this person is not available to vote, they must designate an alternate or vote electronically for the organization's vote to be counted.*

Name:

Title:

Email:

Phone:



## **Program Contacts**

Help us reach out to the right person at your agency for the following Coalition activities, as applicable to your organization. (Optional)

### Advocacy/Public Policy

Name:

Title:

Email:

Phone:

### Training & Staff Development

Name:

Title:

Email:

Phone:

### Civic Engagement & Voter Registration

Name:

Title:

Email:

Phone:

### Helping Homeless Students & Families (including Project Cool)

Name:

Title:

Email:

Phone:

*Thank you for your commitment to the Coalition's work for safety, housing, and justice for people experiencing homelessness. Once you return this membership form, we will be in touch soon with an invoice for membership dues and to help you access your benefits of membership.*