Seattle/King County Coalition on Homelessness
HOMELESSINFO.ORG

# 2027 INDIVIDUAL MEMBERSHIP

*Individual members agree to work together to advance our mission:* ***to challenge systemic causes of homelessness and advocate for housing justice.***

Individual membership is a way for people who care about housing and homelessness to get involved, advocate, inform our work, and support safety, housing, and justice. If you are committed to supporting our mission, please select a membership level below—and welcome!

- We invite people who know homelessness and poverty firsthand to become members
- We encourage people who work or volunteer in human services, housing, or health to join us

Congregations, businesses, service, or community groups are invited to join as Allied Members. Please email membership@homelessinfo.org for details or call 206-204-8350.

**Individual Dues Sliding Scale Rates***

| Level | Dues |
|---|---|
| Anyone with low income or who is currently without a home | Suggested dues: $10 *or an amount meaningful to you* |
| Student | Suggested dues: $25 *or an amount meaningful to you* |
| Basic Membership | $40 |
| Supporter | $75 |

***Financial hardship should not be a barrier to membership. Please contact us to request reduced dues.***

**Annual membership dues:** Membership dues are essential to our Coalition's financial sustainability and independent voice. Dues are not tax-deductible. Gifts above the dues amount are tax-deductible.

- ☐ **$10** Low income or homeless *(or any amount meaningful to you)*
- ☐ **$25** Student *(or any amount meaningful to you)*
- ☐ **$40** Basic
- ☐ **$75** Supporter

DUES: $ _____

ADDITIONAL GIFT: $ _____

**TOTAL:** $ _____

**PAYMENT METHOD:**

☐ Check enclosed. ☐ Payment made online

Please complete the following information so we can contact you regarding your membership and involvement in the Coalition's meetings and activities.

**Contact Information**

Name: _____

Residential Address (Street): _____

City, State, ZIP: _____

Mailing Address (if different): _____

City, State, ZIP: _____

Phone including Area Code: _____

Email: _____

**Coalition Participation**

I am excited about participating in the following member activities:

Meetings and Trainings:

- ❑ Monthly General Membership meetings (3rd Thursday, 9-10:30am)
- ❑ Case manager trainings, professional development for providers & allies
- ❑ Advocacy Workshops

Activities and Projects:

- ❑ Budget & policy advocacy at the city, county, and/or state level
- ❑ Helping homeless students (including Project Cool for Back-to-School)
- ❑ Civic engagement (including voter education and registration)
- ❑ Housing & Homelessness Advocacy Day in Olympia
- ❑ Campaigns to create housing, services, and just policies and protect civil rights

---

Please send your completed membership form and any questions to Coalition staff at: operations@homelessinfo.org or call us at **206-204-8350**. You may also mail your membership form to: 85 S Washington St., Suite 310, Seattle, WA 98104

*Thank you for your commitment to safety, housing, and justice for people experiencing homelessness. We look forward to connecting with you.*