



INDIVIDUAL MEMBERSHIP APPLICATION

*Note: By submitting this form, you consent to being contacted by the National Coalition for the Homeless, and to having your name shared with other members. We will never share your information otherwise without your permission.

Name:

Mailing Address:

City, State Zip:

Email Address:

Phone Number::

Gender: Male Female Nonbinary Prefer not to say

Self-description:

Ethnicity: Black/African Caucasian Hispanic/Latinx Asian
Native American Pacific Islander Prefer not to answer

Self-description:

Location/region: Northeast South Midwest West

Community descriptor: Urban Rural Suburban

Why do you want to become a member of NCH?

Have you experienced homelessness or housing insecurity?

How can NCH make an impact in your community?

What experience/skills/connections/resources are you willing to offer NCH as a member?

Individuals are encouraged to give \$50 in annual dues, or whatever they are able to pay, to support the work of NCH. Individuals who have experienced (or are experiencing) homelessness will have their dues waived.

Please mail completed applications to The National Coalition for the Homeless, Attn: Membership, 2201 P Street NW, Washington, DC 20037; or send via email to membership@nationalhomeless.org.

BUILDING A MOVEMENT TO END HOMELESSNESS