



# ORGANIZATIONAL 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.

Organization Name:

Representative/contact:

Mailing Address:

City, State Zip:

Email Address:

Phone Number:

Website:

Twitter:

Facebook:

Our organization identifies as: (please check all that apply)

Local

Statewide

Regional

National

International

Rural

Urban

Suburban

Organization led by persons experiencing or previously experiencing homelessness

Please give a brief description of your organization's mission and activities:

How many community members do you serve?  
(clients, residents, members, supporters)

Describe your organization's make-up:  
(demographics, target audience, etc.)

Why does your organization want  
to be a member of NCH?

Suggested membership dues will be set according to your organization's budget. Organizations able to pay more are encouraged to do so to support the work of NCH. Organizations representing individuals who have 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](mailto:membership@nationalhomeless.org).

**BUILDING A MOVEMENT TO END HOMELESSNESS**