



Open Doors Homeless Coalition
11975 Seaway Road, Suite B220
Gulfport, MS 39503
Phone (228) 604-2048
Fax (228) 604-2049

MEMBERSHIP OR RENEWAL APPLICATION

Membership Requirement: Be willing to participate in our mission of eliminating or reducing homelessness in the Mississippi Gulf Coast.

Membership Types:

Non-profit Organizational Member: Representative of a non-profit organization.

Individual Member: Any person representing themselves.

Non-provider Corporations: Members representing a particular business or corporation.

Government Entity: Members representing a local, state, or federal government entity.

Yes, I would like to join the Open Doors Homeless Coalition as an (Check one)

Organization Member ___ Individual Member ___ Non-provider Corporations ___
Government Entity _____

Yes, I would consider joining a committee __

Name: First _____ MI _____ Last: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ @ _____

Telephone Number: _____ Mobile Telephone Number: _____

Organization Name _____

Dues Structure (Annual) Circle the appropriate dues amount for your membership category. Agencies that are not service providers but would like to be members of the Coalition pay \$100 in dues annually.

Individual: \$25

<u>Non-profit Organization:</u>	<u>Operating Budget</u>	<u>Dues</u>
	Less than 150 K	\$ 50
	150 K to 300 K	\$100
	300 K to 500 K	\$150
	Over 500 K	\$200

Non-provider Corporations: \$100

Government Entity: \$100

Signed: _____ Date: _____

Please fill out this application and send to the address shown at the top of the page: Attn: ODHC Patti Guider or email: pattiguider@opendoorshc.org