



Application for Membership

Individual, Organization, or Government Entity _____
 Name of Chief Executive Officer: _____
 Mailing Address: _____
 Phone: _____ Fax: _____ E-Mail: _____

After reviewing page 2 Membership Criteria – Dues and Duties

Mark the appropriate member category here

___	Full	___	Associate
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Mark the category that most accurately describes you or your agency:

___	Non-Profit 501(c)(3) (Housing Component)	___	Non-Profit 501(c)(3) (Support Service component)	___	Educational Institution
___	Professional Organization	___	Government Entity with Housing, Service or Development Program (Funded/ Staffed)	___	Faith-Based Organization
___	Civic Organization	___	Other Non-Profit	___	Individual

Mission or goal statement Please provide below or attach:

Current housing or service programs List below or attach:

If applying for **Associate Membership**, briefly describe your interest or actual involvement in housing or service programming:

Designated Delegate Information Delegate Name: _____ Title: _____

Phone: _____ Email: _____

Alternate Delegate: Name: _____ Email: _____

Conflict of Interest Statement I understand that this application is subject to review by the Executive Committee of the Coalition, and that membership, if granted, may be terminated by a majority vote of those present at any regularly constituted meeting having a quorum. I further understand that members may be required to pay annual dues to be determined by a vote of the membership. I have completed this Coalition "Application for Membership" as wholly and accurately as possible. I recognize that each section of the above application must be completed for it to be considered for review.

Chief Executive or individual applicant signature _____

Print Name _____ Title _____ Date _____

Membership Criteria – Dues and Duties

The Coalition for Housing and Support Services of Lake County, Inc. consists of **Full** and **Associate** members that contribute to the mission below.

The Coalition for Housing and Support Services of Lake County is committed to promoting safe, decent, affordable housing opportunities & related supportive services through education, collaboration & advocacy.

Please only apply for **Full** membership if you or your organization can commit to participation in a minimum of 75% of the six regular meetings a year.

Full Membership: Full members shall be voting members entitled to representation upon committees as appointed by the chair. These members shall be a non-profit agency with a housing component *or* a non-profit agency with a social service component *or* a government entity—public, tax supported agencies of local, state or federal government that has actively funded and staffed programs to address housing related issues.

Associate Membership: Associate members shall be non-voting members; however, such members shall be entitled to representation upon standing and subcommittees, as appointed by the Chair. This includes other organizations that have an interest in housing-related issues including professional associations, educational institutions, units of government, corporations and individuals.

Dues for Full membership (April 1st through March 31st):

NON-PROFIT AGENCIES		GOVERNMENT AGENCIES	
<i>Annual Budget</i>		<i>Population</i>	
Under \$200,000	___ \$50 per year	Under 50,000	___ \$50 per year
\$200,000 and Over	___ \$100 per year	50,000 and Over	___ \$100 per year

Dues for Associate membership (April 1 through March 31st):

Non-profit Agencies	___ \$50 per year
Educational Institutions	___ \$50 per year
Units of Government	___ \$50 per year
Individuals	___ \$50 per year
Corporations	___ \$100 per year
Professional Associations	___ \$100 per year

Please send application, including this form and your check to:

Treasurer

The Coalition for Housing and Support Services of Lake County, Inc.

P.O. Box 525, Painesville, Ohio 44077

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