



## Membership Application

Type of Applicant (Check one):  Individual  Organization

Name of Individual/Organization: \_\_\_\_\_

Primary Representative: \_\_\_\_\_  
(Organizations only) Name, Title

Alternative Representative: \_\_\_\_\_  
(Organizations only) Name, Title

<input type="checkbox"/> <b>Individual Member</b> Agencies or businesses that provide direct services to homeless individuals or have an interest in the causes and problems of homelessness. Dues: \$50.00 per year	<input type="checkbox"/> <b>Organizational Member</b> Individuals that do not provide direct services to homeless persons, but who are interested in the causes and problems of homelessness. Dues: \$10.00 per year
--	--

Applicant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone-Office \_\_\_\_\_ Phone-Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Primary Representative's Email (Required) \_\_\_\_\_

Alternative Representative's Email (Required) \_\_\_\_\_

If your organization aids homeless persons, please describe the type(s) of services you offer:

What is your interest in problems related to homelessness?

**For Organizational Members:** (Check box accordingly)

Type of organization:  Corporation;  Unincorporated;  Government Entity;  Other \_\_\_\_\_

Tax determination:  For Profit;  Non-Profit

If non-profit, type:  IRS 501(c) (3);  Public /Governmental;  Faith-based;  Other \_\_\_\_\_

Please list any applicable licenses or certifications: \_\_\_\_\_

✓ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Make check payable to: Mid-Alabama Coalition for the Homeless or MACH  
 Mail to: 101 Coliseum Blvd., Montgomery, AL 36109  
 Questions, call: 334.261.6182 or, email [mach@midalhomeless.org](mailto:mach@midalhomeless.org)  
 Online payments, visit: [www.midalhomeless.org](http://www.midalhomeless.org)