



Post Office Box 6498, Daytona Beach, Florida 32122

Office: (386) 258-1855

Cell: (386)795-1278

2009 Membership Application

Name of Individual / Agency / Organization _____
Please Print

Name of Key Representative _____ Title _____
Please Print

Alternate, or Additional Representative _____ Title _____

Alternate, or Additional Representative _____ Title _____

Mailing Address _____
Please Print

City _____ State _____ Zip Code _____

Tel. # () _____ Fax # () _____ E-Mail Address _____

Type of Membership (Select One)

1. _____ Homeless Person No Charge
2. _____ Individual\$25.00 Per Year
3. _____ Faith-based organization\$50.00 Per Year
4. _____ Non Profit / Govt. Agency, budget less than \$200,000\$100.00 Per Year
5. _____ Non Profit / Govt. Agency, budget \$200,000 - \$499,000\$150.00 Per Year
6. _____ Non Profit / Govt. Agency, budget \$500,000 - \$999,999\$225.00 Per Year
7. _____ Non Profit / Govt. Agency, budget more than \$1 million..... \$300.00 Per Year
8. _____ SHP Grant Recipient \$500.00 Per Year
9. _____ Corporation \$350.00 Per Year

_____ I will not be joining as a member at this time, but please keep my name on the mailing list.

Donation of \$ _____ () in memory of, or () in honor of _____

Enclosed is a check in the amount of \$ _____

For Organization or Agency Members, briefly describe your targeted clients and service provided
(Use Back of Form if Necessary)

Mail Check and This Form to:

Volusia/Flagler County Coalition for the Homeless, Inc.
P.O. Box 6498
Daytona Beach, FL 32122