



# MISSISSIPPI BALANCE OF STATE CONTINUUM OF CARE

## MEMBERSHIP APPLICATION SURVEY

Date: \_\_\_\_\_

Please Select One:

- Membership Information Update
- New Membership

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Website Address: \_\_\_\_\_

Is your agency/organization a 501© non-profit?

Yes No Pending

Government Entity: Yes No Faith Based: Yes No

Executive Director's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who is authorized to vote in the Homeless Coalition on behalf of your agency?

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate #1 Name and Email: \_\_\_\_\_

Alternate #2 Name and Email: \_\_\_\_\_

Population Served:

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Male             | <input type="checkbox"/> Pregnant Women  | <input type="checkbox"/> Mental Illness          |
| <input type="checkbox"/> Female           | <input type="checkbox"/> Veterans        | <input type="checkbox"/> Developmentally Delayed |
| <input type="checkbox"/> Adolescents      | <input type="checkbox"/> HIV/AIDS        | <input type="checkbox"/> Disabled                |
| <input type="checkbox"/> Families         | <input type="checkbox"/> Homeless        | <input type="checkbox"/> Dually Diagnosed        |
| <input type="checkbox"/> Women w/Children | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Other: _____            |

Primary Funding Source: \_\_\_\_\_  
Brief Description of Program: \_\_\_\_\_

Admission/Eligibility Criteria: \_\_\_\_\_

Referral Process: \_\_\_\_\_

Admission Contact Person: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Hours/Days of Operation: \_\_\_\_\_

Additional Information: \_\_\_\_\_

## MEMBERSHIP DUES

Membership Dues are now set at \$10 annually for individual and agency members of the BoS. This MINIMAL FEE is set to encourage participation from all subpopulations that have an interest in the work of the CoC.

- Organizational 501© (3) IRS Membership  
(Corporation Budget in excess of \$250,000 of HUD funding)
- Organizational 501© (3) IRS Membership  
(Corporation Budget = \$100,000 - \$249,999 of HUD funding)
- Organizational 501© (3) IRS Membership  
(Corporation Budget = \$1 - \$99,999 of HUD funding)
- New Organization
- Individual Membership

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE ATTACH YOUR AGENCY'S SERVICES INFORMATION, BROCHURE, AND DUES PAYMENT CHECK, IF APPROPRIATE.

MAIL APPLICATION  
TO:

**MS BOS CoC**

P.O. Box 24147  
Jackson, MS 39225

Phone: (601) 960-0557  
Fax: (866) 551-0916