



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