



uniting central alabama to end homelessness

Membership Application

Our mission is to equip and empower our community to prevent and end homelessness through advocacy, education and the coordination of services.

Name of Organization: _____

Mailing Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)

Phone: _____

Fax: _____

CEO / Executive Director _____

Contact Person (Name and Title) _____

Email: _____

Email: _____

Membership Dues Levels for 2015:

- _____ \$100 (Business/Municipality/Nonprofit budget of less than \$150,000)
_____ \$150 (Nonprofit budget of \$150,000 to \$249,999)
_____ \$300 (Nonprofit budget of \$250,000 to \$499,999)

- _____ \$400 (Nonprofit budget of \$500,000 to \$749,999)
_____ \$500 (Nonprofit budget of \$750,000 to \$999,999)
_____ \$600 (Nonprofit budget of \$1,000,000 to \$1,999,999)
_____ \$750 (Nonprofit budget of \$2,000,000 and above)

One Roof is the homelessness continuum of care (CoC) for all of Jefferson, Shelby, and St. Clair Counties. Please take a moment to help us better understand your interest in preventing and ending homelessness.

How would you like to participate in the CoC?

- _____ Take part in the conversation about homelessness in our community
_____ Participate in Project Homeless Connect (PHC)
_____ Participate in Point-in-Time (PIT)
_____ Present at a Membership Meeting
_____ Develop a permanent housing program through the CoC
_____ Participate in the Program Management Information System of Alabama (PromisSE)
_____ Other: _____

What do you expect to gain from your CoC membership?

- _____ Networking Opportunities
_____ Specialized Training/Workshops
_____ PromisSE Participation
_____ Increased Awareness of /Access to Services for Clients
_____ Increased Awareness of/Access to Funding Opportunities
_____ Other: _____

What resources/networking opportunities does your organization bring to the CoC?

- _____ We have meeting space available for CoC members
_____ We are qualified to provide CEUs (if so, what type(s)? _____)
_____ We provide the following services/programs that would benefit persons at risk of or experiencing homelessness: _____
_____ We provide the following services/programs that would benefit agencies serving persons at risk of or experiencing homelessness: _____
_____ Other: _____

What are your specific interests regarding homelessness?

One Roof often hosts educational presentations for members. What topics would be of interest to you/your organization?

Please return this completed form and payment to:

One Roof
1515 6th Avenue South
Birmingham, AL 35233

Email: membership@oneroofonline.org

Fax: 1.844.270.5884