



# Provider Collaborative Membership

## Membership Application

### Member Information

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

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

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

Website: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

### Select the stakeholder groups which your membership represents:

Currently homeless or previously homeless individual

Nonprofit homeless assistance provider that receives HUD COC or ESG funding

Employment provider

Emergency Shelter

Domestic violence and/or sexual assault provider

Faith-based organization

Private funder

Government Entity

Business

Public Housing Agency

HIV/AIDS representative

LGBTQ representative

School District/McKinney-Vento Coordinator

Social service provider

Mental health provider

Substance abuse treatment provider

University/technical school

Affordable housing developer

Legal service provider

Veteran service provider

Individual community member

Youth serving agency

Other: \_\_\_\_\_

### Select the committee or volunteer activity you are interested in:

Point In Time Planning

Coordinated Entry

Point In Time Count

Public Relations

*The Mission of the Housing Action Coalition is to educate, advocate, and raise awareness while providing a cohesive coordinated response to homelessness and the issues related to it such as affordable housing throughout Waukesha County.*

## Member Representative

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

Email: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

### Alternative Contact

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

Email: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

### Select your membership level:

\$150.00	Nonprofit	Annual budget < \$1 million
\$200.00	Nonprofit	Annual budget > \$1 million, < \$5 million
\$250.00	Nonprofit	Annual budget > \$5 million, < \$10 million
\$300.00	Nonprofit	Annual budget > \$10 million, < \$50 million
\$400.00	Nonprofit	Annual budget >\$50 million
\$500.00	Business	
\$100.00	Individual	An individual cannot represent multiple members.

Send completed application and dues payment to:

**Housing Action Coalition of Waukesha County**  
**P.O. Box 605**  
**Waukesha, WI 53186**

**If you need an invoice to process payment please submit application and request for invoice to [cocwaukesha@gmail.com](mailto:cocwaukesha@gmail.com)**

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