



*serve together, progress together*

## South Plains Homeless Consortium Membership Form

1. NAME of Agency, Organization, Business, Church, Individual (circle what applies)

\_\_\_\_\_

ADDRESS: Postal \_\_\_\_\_  
Email \_\_\_\_\_

2. NAME and TITLE of primary voting member: \_\_\_\_\_

3. PHONE NUMBERS: Work \_\_\_\_\_ Cell \_\_\_\_\_

4. WEBSITE (Optional): \_\_\_\_\_

5. CONTACT PERSON, if different from above primary voting member:

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

6. Identify CONTINUUM OF CARE SERVICES you offer: Check all that apply.

- Preventive/Supportive
- Outreach, Intake Assessment
- Emergency Shelter & Number of Beds \_\_\_\_\_
- Transitional Housing & Number of Beds \_\_\_\_\_
- Rapid Rehousing & Number of Beds \_\_\_\_\_
- Permanent Supportive Housing & Number of Beds \_\_\_\_\_
- Permanent Affordable Housing & Number of Beds \_\_\_\_\_

7. Briefly describe any Supportive Services offered, including but not limited to Day Centers, meals, clothes, rent, utilities, transportation, medical care, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please check which committee you would be most interested in assisting with:

- Special Events (Point-in-Time Count & Annual Fundraising Activity)
- Communications (Info for website, social media, add/delete emails, post meetings/announcements)
- Coordinated Entry (Assist with the local CE system)
- Continuum of Care (Assessment & Development of local strategic plan)
- Membership (Recruiting and communication with SPHC members)
- Nominations (Annually recruits nominees for Officer and Chair positions)
- I cannot commit at this time. Please ask me again later.

## Policies

- Membership dues are \$100 per agency/organization/business/congregation/individual per year beginning January 1 of each year.
- Dues for new members joining during the calendar year will be prorated for remaining quarters of the year.
- Each registered agency/organization/business/congregation/individual has one vote. Multiple members of an agency may attend the regular monthly meetings.
- Packets of information will be distributed by the Membership Committee to new members after the Membership Form has been processed.
- Please notify SPHC if/when name of primary voter changes.

**Yearly Dues: \$100.00 per calendar year ----- MAIL TO ADDRESS BELOW**

Check enclosed:

Amount \_\_\_\_\_ Check No. \_\_\_\_\_

Please send an invoice \_\_\_\_\_.

I (we) agree to abide by SPHC's Membership Policies.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**Mail Address:** South Plains Homeless Consortium  
Attention: Membership Chair  
P.O. Box 1171  
Lubbock, Texas 79408-1181

**Email to:** sphcpres@gmail.com

***Thank you for joining SPHC - working together for the betterment of our community***