

2022 Membership Form



New Member: _____ Renewal: _____

Name: _____

Job Title: _____

Email: _____

Business/Agency: _____ Phone(s): _____

Membership period

The membership year runs from May 1st– April 30th. You may join at any time during the year. Annual renewal for everyone is May 1st .

Membership privileges:

- Vote at monthly meetings
- Vote in yearly election of officers
- Use the MNHTF logo on your business website. [Contact Secretary for logo & usage guidelines.]

Membership responsibilities:

- Use your talents and contacts to further the mission of MNHTF.
- Network with other MNHTF members to increase knowledge and capacity for both yourself and MNHTF.
- Regularly attend monthly meetings.

What benefits are you looking for as part of membership?

____ Education: Hear presentations from guest speakers or task force members

____ Networking: Get to know what people & resources are available

____ Case Studies: Hear about, or ask for help, with a particular hoarding situation

____ Other:

What skills do you want to share?

____ Leader: serve as an officer or work group leader

____ Technical: (circle any that apply)

____ Website

____ Facebook

____ Data entry

____ Grant writing

____ Marketing

____ Fundraising

____ Photography

____ Creating resources

____ Community: Staff a display table at outreach events

____ Community: (1 month commitment) Monitor incoming hoarding questions from the public and respond with options for those specific situations, within the 3 business day timeframe

____ Community: Help with a Safety Day (in a hoarded home)

There is more! See back side of this page ----->

____ Presentations: Share my skills in educating or presenting to outside groups.

Topics I have experience with: _____

____ Networking: Connections I can make, who I can network with, etc.

Please be specific: _____

____ Programming: Find & arrange speakers to present at our monthly meetings

____ Other:

MNHTF Mission Statement

Our mission is to support any person, family, friend or agency in Minnesota affected by hoarding through education, networking and connection to resources while promoting public health and safety.

MNHTF Vision Statement

We envision communities that implement best practices to support those affected by hoarding whereas individuals are supported with sustainable options while being treated with dignity and respect.

MNHTF Confidentiality Policy

When discussing hoarding individuals within any context of MNHTF activities, identifiable information about the individual is to be changed to protect privacy unless written consent for release of information is obtained. In the event that private information is incidentally shared or learned, this information must remain confidential. Our work relies on all MNHTF members to conform to this rule of confidentiality. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and may result in disciplinary action by the MNHTF officers.

MNHTF Conflict of Interest Policy

As MNHTF members are interacting with the public, we will have opportunity to suggest to others who they may hire to help with their hoarding situation. In such cases, it is better to excuse your own business interest in favor of other similar businesses, or, to identify yourself and your business and point out to the person that they have options to hire from a list of similar businesses.

By signing below, I agree to support the Mission and Vision of the Minnesota Hoarding Task Force and to adhere to the Confidentiality Policy and Conflict of Interest Policy.

Signature _____ Date _____

MEMBERSHIP DUES are not required though strongly encouraged on a yearly basis.

Donations accepted by **cash, check or PayPal** via www.mnhtf.org. **All donations are tax-deductible** per IRS regulations.

- If paying by check, make payable to: Minnesota Hoarding Task Force
- Return this form to an Executive Board member or email the form to mnhtf.org@gmail.com
- Attach donation to this form (if in person) or donate on our website - suggested donation:

Individual/volunteer: \$25

Single proprietor business: \$50

Public employee: \$10

Partnership or larger business: \$100

Optional information:

Mailing address: _____

Professional licenses, certifications, expertise: _____