



MEMBER FORM

As a benefit of membership your agency's information will appear **on the new** KCHC's website to be EndKernHomeless.org. *One listing per paid membership applies. If you have more than one department who pay separate memberships, the listings will appear directly under your agency's name. Please complete one form for each membership you pay.*

INDIVIDUAL MEMBERS to honor your support of the KCHC, a list of individual members will be posted on the website. No need to complete this form.

INDIVIDUAL MEMBER **SERVICE PROVIDERS**

Agency /Individual name _____

Staff name or department where people can speak directly with someone _____

Phone number _____

Email _____ Walk-ins? _____ Appointment required _____ Referral required _____

Address _____ City _____ Zip Code _____

Your agency website address (the URL link to intake and program information on your website)

Your social media (Facebook, Twitter, etc.) URL links

These categories are buttons on the KCHC website. Select as many as apply to identify services you provide

- | | | |
|--|---|--|
| <input type="checkbox"/> Housing and Emergency Shelter | <input type="checkbox"/> Veterans | <input type="checkbox"/> Finances, Benefits and Payees |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Disability Resources | <input type="checkbox"/> Mental Health and Substance Abuse |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Legal | <input type="checkbox"/> Children's Needs |
| <input type="checkbox"/> Food and Clothing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Faith-Based Support |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Employment and Education | |

Please provide a description summary of your agency; no more than one paragraph.

ADMINISTRATION

Administrative Office(s) _____ Phone _____
Address _____ City _____ Zip code _____
Executive Director _____ Phone _____ Email _____
Address (if different) _____ City _____ Zip code _____
Voting Member _____ Phone _____ Email _____
Address _____ City _____ Zip code _____
Proxy _____ Phone _____ Email _____
Address _____ City _____ Zip code _____