



2023 - 2024 Organizational Membership Form

Step 1: Basic Information

Organization's Name _____

Executive Director _____ Email _____

Other Authorized Agent _____ Email _____

Address _____

Website _____ Phone _____

Step 2: Tell Us About Your Organization

What type of service(s) does your organization offer? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Single Mens' Shelter | <input type="checkbox"/> LGBTQIA+ Focused Services |
| <input type="checkbox"/> Single Womens' Shelter | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Family Shelter | <input type="checkbox"/> Physical Disabilities Services |
| <input type="checkbox"/> Youth Shelter | <input type="checkbox"/> Mental Disabilities Services |
| <input type="checkbox"/> Children's Shelter | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Non-Subsidized Affordable Housing | <input type="checkbox"/> Young Adult Services |
| <input type="checkbox"/> Non-PSH Subsidized Housing | <input type="checkbox"/> Services for Children |
| <input type="checkbox"/> Affordable Housing Development | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Rapid Rehousing | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Faith/Spiritual Services |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Emergency Rent Assistance |
| <input type="checkbox"/> Payee Service | <input type="checkbox"/> Emergency Utility Assistance |
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Addiction Services | <input type="checkbox"/> Other (Please list.): _____ |
| <input type="checkbox"/> Advocacy | |

Step 3: Find where your organization's annual operating budget is on this list:	Step 4: Write in your annual operating budget amount.	Step 5: Pay what your organization can between these two amounts:
Less than \$100,000	\$	\$250 and \$375
\$100,000 - \$499,999	\$	\$400 and \$600
\$500,000 - \$999,999	\$	\$750 and \$1,125
\$1 million - \$2,499,999	\$	\$1,200 and \$1,800
\$2.5 million - \$4,999,999	\$	\$1,500 and \$2,250
\$5 million - \$9,999,999	\$	\$2,200 and \$3,300
\$10 million - \$14,999,999	\$	\$2,500 and \$3,750
\$15 million - \$19,999,999	\$	\$2,800 and \$4,200
\$20 million or more	\$	\$3,000 and \$4,500

If your organization cannot afford the dues, please contact joshspring@cincihomeless.org to find a solution.

This form and a check can be mailed to:
 Greater Cincinnati Homeless Coalition
 117 E. 12th St., Cincinnati, OH 45202.

Or the form and payment can be done online at cincihomeless.org.

We Hope You Join:

We provide reliable information about issues surrounding homelessness, specifically issues often outside mainstream discussion.

We organize people to promote & defend your causes.

We offer avenues to be active in the movement to eradicate homelessness in our area.

You'll be part of a local supportive network of organizations & people working to end homelessness.

We provide public education to debunk stereotypes of people experiencing homelessness.

We provide a forum for residents to connect & work together.

With a wide-lens focus, GCHC advocates for action & legislation to build & preserve affordable housing & end the criminalization of people without homes.

GCHC inspires new generations of activists through the thousands of people reached by our Speakers' Bureau & *Streetvibes*