



Memphis / Shelby County Homeless Consortium

2019-2020 Membership Application

Term: July 1, 2019 - June 30, 2020

Application Date: _____ Type: Renewal New Application Category: Association Individual

MEMBER INFORMATION:

Association (Organization) or Individual Member Name: _____

Website (if applicable): _____ Phone: _____

How would you like to be listed on the CAFTH website and/or in any Consortium-related publications? _____

ORGANIZATIONAL REPRESENTATIVES:

Committee(s) of interest (see attachment for more information):

	Name	Email Address	CoC Planning	Families/EHP	Youth	Single Adults	Landlord (WG)	Employment	Veterans	HMIS	Healthcare
Primary Contact:											
Additional Contacts: <i>(submit additional page if necessary)</i>											

Please submit your \$10.00 annual membership fee with this completed application. This membership will expire on June 30, 2020. Please make checks payable to Community Alliance for the Homeless and note Consortium Membership on the memo line. Contact grant@cafth.org if you require an invoice or would like to submit your payment online. Please mail or bring payment and application to: CAFTH, 44 N. Second St, Ste. 302, Memphis, TN 38104