



### 2008 Membership Agreement Form

The Brown County Homeless and Housing Coalition, Inc. (BCHHC) is a community-based organization which coordinates Brown County’s continuum of care for homeless and housing insecure residents. We establish provider accountability and support programming which engages persons who are homeless or at risk of becoming homeless in their efforts to become self-sufficient. We provide advocacy and education related to homelessness and affordable housing.

To become a member of the BCHHC, complete the form and submit with payment to The Brown County Homeless and Housing Coalition, P.O. Box 334, Green Bay, WI 54305-3304.

Organization/Affiliation: \_\_\_\_\_

Name(s)/Representative(s) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I and/or my agency are interested in the following membership category:  
**(Please see the attached requirements and benefits for each membership level.)**

\_\_\_\_\_ Partner Member - \$50.00

\_\_\_\_\_ Associate Member - \$25.00

\_\_\_\_\_ Supporting Member – Discretionary donation of time or funds

Do we have permission to list your organization/affiliation or name as a member?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I and/or my organization agree with and support the mission of the Brown County Homeless and Housing Coalition. I have read and understand the terms of my selected membership level. I also understand that if at any time I would like to change the status of my membership, I need to indicate this change to the Coalition’s Secretary.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

## **Brown County Homeless and Housing Coalition Membership Level Requirements**

### **1. Partner Member**

Open to organizations that support the mission of BCHHC and wish to partner for collaborative funding and the development of community resources for those needing shelter, and those at risk of homelessness or seeking affordable housing.

#### Requirements for the Partner Organization Membership:

- a. Must meet minimum standards of accountability: Provide evidence of legitimate public, private, non profit or for profit status, a board of directors, supervisors or advisory body, and an annual report or summary statement of services provided with fiscal reviews. Provide a site visit for members (if requested).
- b. Must commit to the minimum standards of participation in the Coalition by designating representative(s) who will attend 80% (ten per year) of the BCHHC meetings and 80% of the Provider's Committee meetings. Attendance will be based upon the number of unexcused absences.
- c. Provide evidence of collaborative support (examples: Brown County Continuum of Care MOU, participation in 211, United Way funded program, active membership in the Brown County Food & Hunger Network or three letters of support from community agencies including at least one partner agency).
- d. Provide requested data for the BCHHC sponsored research activities that document the services provided by the Partner Organization.
- e. Payment of \$50.00 organizational membership dues.

### **2. Associate Member**

Open to organizations and individuals that support the mission of BCHHC and wish to actively participate in BCHHC meetings, committees or activities. The Executive Committee may waive or modify these requirements for persons who are homeless, at risk of becoming homeless, or with limited income.

#### Requirements for the Associate Membership:

- a. Provide evidence of collaborative support (examples: Brown County Continuum of Care MOU, participation in 211, United Way funded program, active membership in the Brown County Food & Hunger Network or three letters of support from community agencies including at least one partner agency).
- b. Commit to attend 50% of the BCHHC meetings and/or participate in BCHHC task forces and committees.
- c. Payment of \$25.00 membership dues.

### **3. Supporting Member**

Open to organizations or individuals that support the mission of BCHHC.

#### Requirements for the Supporting Membership:

- a. May attend BCHHC meetings and/or participate in BCHHC task forces and committees, and/or
- b. Contributes to BCHHC services as a volunteer or a donor.

Whether a membership is Partner Organization or an Associate Membership, each paid member has an equal voice and vote at all Coalition meetings. An organization may have more than one representative on the Coalition. In situations of conflict of interest, an organization will be expected to abstain. In decisions involving the disbursement of funds or goods to Partner Organizations, each organization with multiple representatives shall have one designated vote.

Membership is renewed every year.

**Brown County Homeless and Housing Coalition  
Membership Level Benefits**

Benefits of Partner Organization Membership:

- a. Organization is listed in BCHHC brochures as a “Partner Organization.”
- b. Participation in Coalition collaborative grant activities.
- c. Eligible to request goods and funding received on behalf of the Coalition.
- d. Receive all BCHHC minutes and communications.
- e. Eligible to vote as stated in the Bylaws.

Benefits of Associate Membership:

- a. Eligible to vote as stated in the Bylaws.
- b. Receive all BCHHC minutes and communications.
- c. Recognition as an “Associate Member” on BCHHC brochures.

Benefits of Supporting Membership:

- a. May participate in BCHHC meetings, committees and activities.
- b. May request to receive BCHHC minutes.
- c. May wish to be recognized as a “Supporting Member” on BCHHC brochures.