

West Texas Homeless Network

Membership Form

Fiscal Year 2017-18

Please Print

This membership is for

- An individual
- An organization

Name (Individual or Organization) _____

Mailing address _____

Phone number _____

Email _____ Website _____

For Organizations only:

Briefly describe your organization's mission and how it relates to participation in the WTHN:

- I would prefer to participate as a non-voting member and will not be paying a membership fee
- I have enclosed this year's membership fee (\$100)

(This section is necessary only for paid memberships)

Voting representative for our organization:

Name: _____ Email: _____

The following people may vote on behalf of our organization if our primary representative is not present for a vote:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Please return this form with your membership fee to:

West Texas Homeless Network
c/o Community Foundation of Abilene
P.O. Box 1001
Abilene, TX 79604