



**Alliance for Housing  
Oakland County's Continuum of Care  
2026 Annual Organizational Membership**

**NON – FUNDED**

*If you do not receive state or federal or county funding from the Alliance*

Consumer/Program Participant:	No Charge	
Individual:	\$35	
Non-Profit Organization:	\$150	
Faith Based Organization:	\$150	
Business or Government Agency:	\$250	
	<b>TOTAL:</b>	

**FUNDED AGENCIES**

*If you are receiving state or federal or county funding from the Alliance*

Please select by your agency's annual budget		
0 - \$100,000	\$80	
\$101,000 - \$1M	\$250	
\$1M (+)	\$500	
	<b>TOTAL:</b>	

**Membership Benefits**

- Discount on trainings/workshops offered through the Alliance
- Ability to vote on Alliance business (i.e. updates/changes to by-laws)
- Ability to serve on the Alliance Board
- If you are, or are interested in applying for any funding through the Alliance (membership does not guarantee funding)
- If you have or are interested in Homeless Management Information System (HMIS) support and licenses – the Alliance can provide up to 2 licenses for agencies. If your agency is interested in participating in HMIS please review the [HMIS New Agency Application Policy](#) (membership does not guarantee HMIS access)
  - \*Does not apply to agencies that receive state and federal funds through the Alliance\*
- Opportunities to network with people doing similar work
- Post one event per month to the Alliance Listserv by emailing details to [acuniberti-alliance@oaklandhomeless.org](mailto:acuniberti-alliance@oaklandhomeless.org) by the last Friday of the month. Events will be shared on the first Wednesday of the following month. *The Alliance reserves the right to deny event posting requests that are not relevant to housing and homelessness.*

**Member Information**

Organization Name/ Individual: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Checks should be made payable to:**

**Alliance for Housing**

**Please mark your check with the designation of "2026 Alliance Membership"**

**Checks are mailed to:**

**Alliance for Housing, 1 N. Saginaw, Suite 208, Pontiac, MI 48342**

The Alliance has permission to post out agency logo on the Alliance website, [www.oaklandhomeless.org](http://www.oaklandhomeless.org) (please send logo to [acuniberti-alliance@oaklandhomeless.org](mailto:acuniberti-alliance@oaklandhomeless.org))

Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_

Check this box if you need a receipt – it will be emailed to the email you provided on this form