



Alliance for Housing
Oakland County's Continuum of Care
2023 Annual Organizational Membership

NON - FUNDED AGENCIES		
<i>If you do not receive funding from the Alliance</i>		
Consumer/Program Participant:	No Charge	
Individual:	\$35	
Non-Profit Organization:	\$100	
Business or Government Agency:	\$200	
TOTAL:		

ALLIANCE FUNDED AGENCIES		
<i>If you are receiving funding from the Alliance</i>		
Please select by your agency's annual budget		
0 - \$100,000	\$80	
\$101,000 - \$1M	\$250	
\$1M (+)	\$500	
TOTAL:		

Member Information:

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

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 funding through the Alliance**
- **Opportunities to network with people doing similar work**

Checks should be made payable to:

Alliance for Housing

Please mark your check with the designation of "2023 Alliance Membership"

Checks are mailed to:

Alliance for Housing

1 N. Saginaw, Suite 208, Pontiac, MI 48342

I hereby apply for membership in the Alliance for Housing, Oakland County's Continuum of Care.

I have reviewed the above information and find it to be true and accurate.

The Alliance has permission to post our agency logo on the Alliance website, www.oaklandhomeless.org
(Please send logo to Ashley at aburton-alliance@oaklandhomeless.org)

Signature: _____

Print Name and Title: _____

If a receipt is needed, please check here: It will be mailed to the address above.