



2009 MEMBERSHIP FORM

Our mission is to create a seamless system in Northwest Arkansas to stabilize the lives of homeless and near homeless people and to develop, with existing organizations, a continuum of services that includes housing, physical and mental health, employment, education, transportation, and other basic needs.

By joining the teams of the Northwest Arkansas Housing Coalition Continuum of Care Program you will provide support for the goal of eradicating homelessness in Northwest Arkansas.

Your efforts in assisting this worthy cause are appreciated.

Date: _____ Organization Name: _____

Contact Person(s)/Title/email:

Mailing Address: _____

Telephone Number: _____ Fax: _____

Website Address: _____

- Individual member \$25
- Agency membership \$50
- Supporting member \$100
- Sustaining member \$300
- Corporate sponsor \$500, \$1,000 or \$2500

**Please make checks payable to NorthWest Arkansas Housing Coalition or NWAHC.
Send your check and this form to:**

Sherry Priestaf, Treasurer
NWAHC, P.O. Box 3643, Fayetteville, AR 72702

THANK YOU!