

Types of CoC Membership

A CoC member can be an individual, agency, and/or department within a political subdivision who is concerned with and/or providing services to the various homeless subpopulations furthering the direction of the CoC. An agency and/or department with more than one individual representing that organization will be recognized as one member.

Individual Membership – CoC full individual membership is designed for those interested in and committed to ending homelessness, including consumers, students, educators, and others. Individuals who care about the quality of services provided to persons experiencing homelessness, who want to ensure they are meeting their needs to the greatest extent possible are individual CoC members.

Active Individual Membership VS Affiliate Individual Membership

Active Membership (Full Individual Membership) -\$25.00 Annual Fee
Affiliate Membership (Non-Voting Individual Membership) – No Annual Fee

Organizational Membership – CoC organization Membership is open to public, private, non-profit, and for-profit organizations, corporations, and agencies interested in supporting the CoC's commitment to ending homelessness. Each Organizational member may annually designate up to two (2) individuals to serve as its representative to the corporation, however, there is only one vote per agency on voting matters.

Active Organizational Membership VS Affiliate Organizational Membership

Active Membership (Full Organizational Membership) -\$100.00 Annual Fee
Affiliate Membership (Non-Voting Organizational Membership) – No Annual Fee

Active Membership Requirements

- Commit to CoC's Mission
- Submit Annual Fee payment with CoC Membership Application
- Participate in board advisory commit and/or task groups (as appropriate)
- Abide by Conflict of Interest and Code of Conduct Policies
- Full Membership payments must be paid annually.
- Voting members (Individual or Organizational) must attend at least 2 general membership meetings to vote
- Only one vote is allowed per full membership. For organizations, one (1) representative will vote on behalf of the organization.
- Submit Renewal Membership applications annually to keep membership current and representatives active.
- Organizations who wish to apply for funding must maintain a Full Organizational Membership

To Become a Member Apply for CoC Membership

Membership is open to organizations and individuals who support the CoC Mission. Please note that membership is not official until payment for membership fees have been received. Annual fee waivers are available to homeless or formerly homeless Individual members or other conditions as approved by the board.

Note: The Alabama Balance of State accepts payments via check or electronic payment.



Membership Form



Representation: <input type="checkbox"/> Individual Member <input type="checkbox"/> Organizational Member		Date:
Member Type: <input type="checkbox"/> New Member <input type="checkbox"/> Annual Update		
Member Name:		
Street Address:		
City:	State:	Zip:
Website:	E-mail:	
Organization Name:		Phone:
Organization Type: <input type="checkbox"/> Governmental <input type="checkbox"/> Non-Profit <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Healthcare <input type="checkbox"/> Private Business <input type="checkbox"/> Faith Based <input type="checkbox"/> Educational <input type="checkbox"/> Other _____		
Does your organization serve people experiencing homelessness or a serious housing crisis as part of its core mission? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do we have permission to list you/your organization as a member of the Continuum of Care on public materials and websites? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please indicate the type of membership requested:		
<input type="checkbox"/> Affiliate Membership: no voting privileges; no minimum meeting attendance requirements. <input type="checkbox"/> Active, Voting Membership: Must attend 50% of General Meetings and 50% of one committee's meetings to remain active and entitled to vote.		
Which of the following committee(s) would you or your entity prefer serving on:		
<input type="checkbox"/> Point In Time Count <input type="checkbox"/> Persons with Lived Experience <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Projects and Ranking <input type="checkbox"/> HMIS <input type="checkbox"/> Youth Homelessness <input type="checkbox"/> CoC Nominating <input type="checkbox"/> Finance		
If this application is being completed on behalf of an organization, please complete the following:		
Authorized Representative: _____ Email: _____		
Voting Delegate: _____ Voting Delegate: _____		
<i>For CoC funded members, at least one delegate must be in an executive or managerial position.</i>		
I acknowledge that for my membership to be considered in good standing, I must meet the CoC definition of Active membership to vote and/or apply for funding.		
Signature:		Date:

Please return completed forms to susan@archconnection.org or
Continuum of Care Membership, P.O. Box 451, Montgomery, AL 36101