



<b>2017</b>	<input type="checkbox"/> CoC Grantee	<input type="checkbox"/> ESG Grantee	<input type="checkbox"/> CDBG Grantee	<input type="checkbox"/> PHA
Date: _____	<b>501c3</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Agency: _____				
Mailing Address: _____				
City: _____	Zip Code	_____		
Telephone: _____	Ext:	_____		
Fax: _____	Email Address:	_____		

**Please check one of the membership categories listed below:**

**\$30.00 - Individual Membership - VOTING MEMBER** (Voting Rights for ONE person)

Voting Member's Name: \_\_\_\_\_

**\$15.00 - Individual Membership - NON-VOTING MEMBER**

Non-Voting Member's Name: \_\_\_\_\_

**\$100.00 - Organizational Membership** - VOTING RIGHTS for four (4) persons

**\$TBD - HUD Grantee Membership** - VOTING RIGHTS for four (4) persons

**\$\_\_\_\_\_ - Charitable Donation - Sponsoring Organization Membership** (No direct or active membership participation required; No Voting Rights)

Voting Member's Names and email addresses:

	<u>Name</u>	<u>Email Address</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

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Please return this form with your check or money order made payable to:  
**EASTERN CAROLINA HOMELESSNESS ORGANIZATION**  
 1204 N. Kings Hwy, Myrtle Beach, SC 29577

*If you have any questions, please call Kyle Jenkins or Pat Ranalli (843) 213-1798*