



Membership Application and Organization Information Update Form

MEMBERSHIP APPLICATION FOR NEW MEMBER ORGANIZATIONS

(This form can also be used by current members as an Organization Information Update Form)

As a member of the Basic Needs Coalition of Central Texas, you are showing your interest in issues surrounding Basic Needs and your willingness to work to meet the needs of people in crisis situations. You also agree with the purpose of the Coalition to:

1. Design, develop and implement an improved basic needs service delivery system that eliminates existing barriers to service and streamlines the current delivery system.
2. Maximize services and resources through the development, coordination, and implementation of effective strategies for service delivery.
3. Assist community policymakers, service providers, funders and citizens in addressing basic needs in Austin and Travis County
4. Serve as an advisory body of the Community Action Network (CAN). Your participation in meetings and committee work is invaluable.

Members of the Basic Needs Coalition of Central Texas pay annual dues and support the Basic Needs Coalition of Central Texas by attending meetings and participating in committee work. Members may vote at the Annual Meeting to elect the Coalition Chair and Vice-Chair and may vote on other business of the coalition as necessary

Associate members of the Basic Needs Coalition of Central Texas support the Basic Needs Coalition of Central Texas by attending coalition meetings and may participate in committee work. Associate members do not pay dues.

BASIC ORGANIZATION INFORMATION

Organization: _____

Organization Classification: *(Check Appropriate)*

Type of Organization

Member
Associate Member

Non-profit Organization
Government Agency
Faith Based Organization

REPRESENTATIVE INFORMATION

Lead Representative: _____
Phone: _____ Email: _____

Alternate Voting Representative (If Member Organization)

Alternate Representative _____
Phone: _____ Email: _____

X _____
Signature of Lead Voting Representative

Date

COMMITTEE PARTICIPATION

Please indicate below the committees your agency will participate in. Voting members must serve on one committee. Please also identify which individual from your organization will serve on the selected committee(s).

<input type="checkbox"/> Advocacy & Public Awareness Name of Representative: Phone: Email:	<input type="checkbox"/> Food Security Name of Representative: Phone: Email:
<input type="checkbox"/> Membership & Governance Name of Representative: Phone: Email:	<input type="checkbox"/> Housing Stability Name of Representative: Phone: Email:

ANNUAL DUES

Please indicate the amount your organization will contribute. Annual dues are:

- \$100 for organizations with annual budgets of one million dollars or lower.
 \$250 for organizations with budgets greater than one million dollars.

*Payments can be made at the beginning of the agency's fiscal year or the beginning of the calendar year.
*****Waivers will be considered by the BNC Executive Committee.*

INVOICE INFORMATION

Choose one: *Would you like to be invoiced at:*

Start of the Calendar Year Start of your Agencies Fiscal Year
Start/End of Fiscal Year _____

Projected Date of Payment: _____
Invoice Contact _____
Invoice Mailing Address: _____

Contact Number: _____

Please submit your membership dues along with the completed application by **January 31, 2009** to the address listed below. Organization Information Update form can be submitted via fax or email.

Mail: ATTN: BNC MEMBERSHIP – PO Box 1947, Austin, Texas 78767-1947
Fax: ATTN: BNC INFORMATION UPDATE FORM - (512) 651-6101
Email SUBJECT LINE: BNC INFORMATION UPDATE – bnc@caritasofaustin.org

For more information, contact Erik Luna, Administrator of the Basic Needs Coalition of Central Texas, at BNC@caritasofaustin.org or 512-651-6124.