



Membership Application

You can submit this form or join online through www.fchonline.org and pay by credit card, check or money order. Checks and money orders should be mailed to the address listed below. Membership terms are from January 1 - December 31.

Note: Login and password for member only features can be created at time of online payment or send check by mail and create login and password at your convenience.

Please provide the following information:

First Name:

Last Name:

1st Email Address:

Title:

Organization:

Street Address:

City:

State:

1st Phone:

2nd Phone:

Membership Type: (circle One)

Advocate \$100.00

Contributor \$250.00

Sponsor \$500.00

Benefactor \$1000.00

Partner \$5000.00

Other Donation \$ _____

Policy Council (as allotted by FCH)

If joining at the \$250.00 or higher level, you may list up to three additional people.

Name:

Title:

Email:

1.

2.

3.

You can contact FCH at the numbers listed below if you have any questions. Dues and gifts are tax exempt under Section 501c3 of the IRS Code.

Thank you for supporting the Florida Coalition for the Homeless!

P.O. Box 3764 • Tallahassee, FL 32315
Phone 850-412-0021 • Toll Free 1-877-205-0021
Email admin@fchonline.org • www.fchonline.org