

The Ending Community Homelessness (ECHO) Coalition Membership Application

Vision: A community fiercely focused on ending homelessness

Mission: to provide dynamic, proactive leadership that engages policy makers and the community to end homelessness.

As an ECHO member, you are showing your interest in issues surrounding homelessness and your willingness to work to meet the needs of people in homeless situations. You also agree with the mission and purpose of ECHO. "The responsibilities and rights on membership are to vote at the annual meeting and at any other meeting called as a "Membership Meeting." The members shall elect the Chair, Vice Chair/Chair Elect, and the 5 Members at Large positions of the Executive Committee at the annual meeting. Members may be removed from the membership list if they or their designee are not present at least 50% of all called meetings within the ECHO annual year" (ECHO By-laws)

1. Membership Category that you're signing up for (check only one):

- Organizations ****– service organizations that provide direct services to the homeless;
- Affiliates ****– non-direct service organizations and/or business that support the purposes of ECHO;
- Associates** – employees of Organizational and Affiliate members who want to support the purpose of ECHO but do not vote at meetings;
- Individuals** – who are not employed by an Organizational or affiliate member and represent themselves in supporting the purpose of ECHO.

The By-Laws state that the form submitted for a representative or alternate of an Organization or Affiliate member who will cast votes for the Organization or Affiliate member must be signed by a person authorized to act on behalf of the Organization or Affiliate member, must be submitted prior to a meeting and voting rights become effective at the next meeting following the one during which membership is accepted.

2. Committee that you'd like to join (check at least one):

- Planning and Evaluation (Continuum of Care, Count and Survey, and HMIS Subcommittees)
- Prevention
- Exiting
- Events/Community Education (Stand Down, ECHO Forum, and Community Outreach Subcommittees)

3. Your contact information:

Name: _____

Organization: _____

Mailing Address: _____ City/State/Zip _____

Telephone No.: _____ Fax No.: _____

E-mail address: _____

Signature & Date (of the Organizational or Affiliate member's person authorized to act on behalf of the entity if not the person above)

Send completed forms to the ECHO Coordinator at echo@ci.austin.tx.us or via fax: (512) 972-5025