

Membership Application

Serving 13 SC Counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Kershaw, Lee, Marion, Marlboro, Sumter, and Williamsburg

Please check one of the membership categories listed below:

Voting Memberships:		
1) Notification of Funding Availability		
2) Ability to participate & apply for HUD CoC fund	ling	
3) Trainings & Workshops		
[] \$120.00 - Organizational Membership - 4 VO	ΓING MEMBER	A.S
[] \$35.00 - Individual Membership - 1 VOTING	G MEMBER	
Other Donations:		
[] \$ Charitable Donation – Sponsorin	g Organization I	Membership
Your contribution helps "Bridge the Gap" between reby or for TCHC and helps fund the volunteer staff and		
2024 □ CoC Grantee □ State/Local Entity	☐ Faith Based	☐ Education ☐ Other
Date:	501(c)(3)	□ YES □ NO
Agency:		
Mailing Address:		
City:	Zip Code:	
Email Address:	Phone:	
Permission to use logo in marketing material (brochures,	websites, etc.) □	l Yes □ No

Voting Members' Names and Email Addresses: Choose 4 representatives if Organizational Membership		
Name		Email Address
1)		
2)		
3)		
4)		

Please return this form with your check or money order made payable to:

Total Care for the Homeless Coalition P.O. Box 7129 Florence, SC 29501