

Annual Letter of Commitment for MHA

To retain active membership in good standing, all categories of members must attend at least 75%. Members are encouraged to participate in MHA sponsored community events (such as Homeless Awareness Week Vigil or Resource Fair, the Annual Point in Time count, or community activities).

As a member of Maui Homeless Alliance, I (agency) **Commit to do the following:**

- Support the mission, goals, processes, and leadership of MHA as agreed by the members;
- Send an authorized representative(s) to attend all MHA meeting;
- Prepare for each meeting by reading all pre-distributed material;
- Actively participate in all MHA meetings from beginning to adjournment;
- Join a Committee and actively participate in all committee work;
- Pay Membership Dues if intending to vote or seek waiver;
- Share information from MHA with the group or organization represented and obtain feedback for the MHA;
- Represent MHA at community meetings as needed;
- Advocate for all those who are homeless, at-risk of becoming, or were formerly homeless;
- Provide written notification to the MHA Chairperson and/or MHA Organizational Development Chairperson to end agency's membership.

Given the responsibilities and time commitment of participation in MHA and its committee, I agree to join according to the following category: (check one box)

All dues collected by MHA will be used in support of our mission. Dues are prorated on a quarterly basis.

- General Continuum of Care Membership - \$120
- Community Partner Membership - \$80
- Individual Membership - \$20
- Associate Membership - \$0
- Maui County Government Representative Membership - \$0
- Request for Waiver of dues (fee) from membership committee.
 - Approved Denied

Name/Title _____

Organization's Name: _____

Address/State/Zip Code: _____

Business Phone#: _____ E-mail: _____

I have read and understand this letter of commitment and I will commit and respect its spirit as well as its wording.

Signature

Date

PLEASE ATTACH THE FOLLOWING:

AGENCY'S SERVICES INFORMATION AND/OR BROCHURE

DUES PAYMENT

Application to be completed on an annual basis with the collection of dues.

MEMBERSHIP DUES INVOICE

Agency or Individual: _____ **Date:** _____

Select One Membership Type **Annual Dues**

Continuum of Care Membership – Any agency who is, has been, or plans to apply for US Housing and Urban Development funds. Each agency receives one vote and will be automatically added to the email list announcing funding grants and opportunities. **\$120.00**

Community Partner Membership – A business, church group, non-profit, civic group, or other business entity may apply by completing an application and paying annual dues. Each member agency receives one vote. **\$80.00**

Individual Membership - An individual who is a full-time adult student enrolled in a field of study relating to human/social services, elder (age 65 and better), or individual (living in affordable housing, houseless, formerly houseless, living in a shelter). Individual members pay reduced dues and have one vote. **\$20.00**

Associate Membership – An individual, business, church group, non-profit, civic group, or other business entity, including government agencies, may apply for associate membership, attend general and committee meetings, and participate in activities of MHA. Associate Members do not pay dues and may not vote. **\$0.00**

Maui County Government Representative: - The Maui County Department of Housing and Human Concerns may designate an individual representative who will receive one vote and no dues will be required. **\$0.00**

Enter amount due and payment based on membership selected: \$ _____
Dues are prorated on a quarterly basis.

PLEASE MAIL THE APPLICATIONS TO:
Maui Homeless Alliance Membership
C/O Deborah Alamillo- Ka Hale A Ke Ola Homeless Resource Centers, 670 Waiale Road, Wailuku, HI 96793

PLEASE MAKE *CHECKS* PAYABLE TO:
Maui Economic Opportunity, Inc- 99 Mahalani Street, Wailuku, HI 96793
(Checks should be included with your application that is mailed to Ka Hale A Ke Ola)

***Returned check fee will be \$25.00**

Maui Homeless Alliance Membership Representative

Date

Updated 12.15.2021

Application for MHA Waiver

Any individual or group may apply for a waiver of membership fees. When applying for a fee waiver for membership, please review the following guidelines:

1. For a COC or Community Partner Membership, the fee waiver request must be accompanied by a brief, written explanation of the need. For example, a signed statement referring to an agency policy that prohibits funding of membership fees.
2. For an Individual, the request must be accompanied by a statement of inability to pay with documentation supporting status.
3. Requests for fee waiver will be reviewed by the Membership Committee. Applicants will be notified of the approval or denial of the application.
4. The number of waiver memberships is not to exceed the number of paid memberships.
5. Denials may be appealed in writing within 14 days. Appeals should be mailed to: Maui AIDS Foundation, 1935 Main Street Ste 101, Wailuku, HI 96793, Attn Scott
6. Once granted, waiver, individuals, or groups have full privileges of membership in the category granted.
7. Previously approved fee waivers will not be automatically granted. A request for a fee waiver must be submitted annually.

By signing below, I acknowledge that I have read and understand this policy.

Signature

Date

Printed Name

Business/Organization Name (if applicable)