MHA Mission & Goals

2027 membership year | Read before signing the Letter of Commitment

Our Mission

MHA's mission is to bring together organizations and individuals dedicated to creating opportunities for compassionate community responses to end homelessness.

Our Goals

Create	Create and maintain an alliance that responds to the complex needs of homeless individuals and families
Strive	Actively strive to gain knowledge of community resources that will serve homeless individuals and families
Reinforce	Reinforce our collaborative work to leverage increased funding and service delivery
Ensure	Ensure that homeless persons are treated with dignity and respect
Develop	Develop a full continuum of services, utilizing a Coordinated Entry System, to best meet client needs.
Support	Support Housing Focus, placing chronic homeless with the highest acuity into permanent supportive housing
Engage	Engage in planning and evaluation to maximize the use of existing resources
Advocate	Advocate for policy changes that promote a comprehensive, long-term approach to ending homelessness
Work	Work collaboratively with other agencies and groups throughout the state of Hawaii
Change	Change the public perception of homelessness

Annual Letter of Commitment for MHA

2027 membership year

To retain active membership in good standing, members must attend at least 75% of MHA meetings. For virtual meetings, attendance counts only when the participant is on camera unless an exception has been granted due to extenuating circumstances.

Members are encouraged to participate in MHA-sponsored community events, including the Homeless Awareness Week Vigil or Resource Fair, the Annual Point in Time Count, and other community activities.

As an MHA member, I/we commit to:

- Support the mission, goals, processes, and leadership of MHA, as agreed upon by its members.
- Send the designated representative (or an eligible, authorized proxy) to meetings; review materials in advance, participate actively, and meet the attendance requirement.
- Participate in MHA committees and sponsored activities, as applicable.
- Pay the one-time 2027 membership dues to exercise voting privileges unless an approved fee waiver applies.
- Share MHA information with the represented organization, solicit feedback, and advocate for people experiencing or at risk of homelessness.
- For organizational membership, assign one primary representative and one assigned proxy. Additional persons may serve as a proxy only with advance notice and if their primary work location is within Maui County.
- Ensure the assigned representative and proxy have their primary work locations on Maui or Molokai. One person may not represent multiple island locations. Individual memberships do not permit proxies.
- Disclose other local BTG/CoC chapters in which the organization participates and the designated representative for each; notify MHA when this information changes.
- Provide written notification to MHA leadership when ending membership.

Commitment acknowledgment

By signing, I acknowledge and agree to the attendance, representation, voting, and disclosure requirements stated above.

Applicant / authorized representative signature

Date

2027 Membership Application

Select one category; all dues are a one-time fee for the 2027 membership year

☐ Partner Membership - $120 ☐ Individual Membership - $50

Applicant and primary work location

Applicant name / title:

Organization name (if applicable):

Mailing address:

Primary work address:

Business phone: Email:

Is this your primary work location? ☐ Yes ☐ No

Other islands where you work (if any):

Assigned representative and proxy (partner memberships only)

Assigned representative name:

Representative primary work location:

Assigned proxy name:

Proxy primary work location:

** Not applicable to Individual Memberships. Individuals cannot designate a proxy.*

Other local BTG / CoC chapter participation

List any other local CoC chapters in which the organization participates and the designated representative for each. Write "None" when not applicable.

Chapter / island:

Designated representative:

Additional chapter / island:

Additional representative:

Applicant signature Date

Attach applicable supporting documents and dues payment or waiver request.

2027 Membership Dues & Payment

One-time 2027 membership fee | No quarterly proration

Membership categories

Partner Membership — $120.00

Businesses, churches, nonprofits, civic groups, government agencies, and other organizations. Each agency must assign one designated representative and one assigned proxy; other persons may serve as proxy with advance notice, provided their primary work location is within Maui County. Each agency receives one vote.

Individual Membership — $50.00

Any community member interested in partnership with the mission and goals of MHA. Individual members are permitted one vote and are not permitted to designate a proxy.

Payment information

Amount paid: $ _____

Submit your application

Email Sherry@FLCMaui.org, or mail to Maui Homeless Alliance Membership, c/o Sherry Kupau, Family Life Center, 95 South Kane Street, Kahului, HI 96732.

Option 1 | Pay by check

Payable to Maui Economic Opportunity, Inc. Mail to 99 Mahalani Street, Wailuku, HI 96793. Write "MHA dues 2027" in the memo. Include a copy of the check with your application. Returned-check fee: $25.

Option 2 | Pay online

Visit the link below or scan the QR code:

https://www.zeffy.com/en-US/ticketing/maui-homeless-alliance-membership-dues

Pay $50 for Individual or $120 for Partner membership.

Email Raven Uyechi at raven.uyechi@meoinc.org to confirm your MHA membership payment.

Membership processing (MHA use only)

MHA Membership Representative: Sherry Kupau, Membership Chair

_____ _____

Membership representative signature Date

Application for MHA Dues Waiver

2027 membership year

Individuals or organizations requesting a dues waiver should review the guidelines below and submit required supporting information. An approved waiver retains the same membership participation and representation obligations.

County of Maui waiver designation

☐ This request is for the one waived County of Maui membership.

The County of Maui receives one waived membership under the existing county-specific waiver policy. The County is not required to provide the brief written explanation otherwise required of Partner Membership applicants.

Waiver guidelines

1. For Partner Membership, provide a brief written explanation of need (for example, an agency policy prohibiting membership-fee payments). This explanation is not required for the one designated County of Maui waived membership.
2. For Individual Membership, provide a written statement of inability to pay, with documentation supporting the request.
3. The Membership Committee reviews requests and notifies applicants of approval or denial.
4. The number of waived memberships must not exceed the number of paid memberships, subject to applicable County of Maui waiver policy.
5. Denials may be appealed in writing within 14 days to Sherry Kupau, Family Life Center, 95 South Kane Street, Kahului, HI 96732, or Sherry@FLCMaui.org.
6. Approved waivers provide full privileges in the approved membership category, subject to attendance, voting, and representation requirements.
7. Previously approved waivers do not renew automatically; a new request must be submitted annually.

Waiver acknowledgment

By signing, I acknowledge that I understand this policy and that approved waivers do not exempt members from the 75% attendance requirement, virtual camera expectations, or on-island representation requirements.

Printed name: _____

Business / organization (if applicable): _____

_____ _____

Applicant signature Date