

# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
\_\_\_\_\_  
Submitting Initial Membership

Date: 10-8-15

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Kim Crawford  
Organization/Business Name: Allied Churches (ACAC)  
 Non-Profit      \_\_\_\_\_ For Profit Business  
Mailing Address: 206 N Fisher St  
Burlington, NC 27217  
Email Address: kcrawford@alliedchurches.org  
Phone Numbers: 336-229-0881 (Office) 336-675-9109 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the ~~bylaws~~ membership Guidelines

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |  |
|---|--|
| <input type="checkbox"/> I represent the private housing sector.  | <input type="checkbox"/> Formerly/Currently experiencing homelessness.   |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> I work in the human services/social services field.                                      |
| <input type="checkbox"/> I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting. | <input type="checkbox"/> I have experience with event coordination, marketing, social media and fundraising.                 |
| <input checked="" type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.  | <input checked="" type="checkbox"/> I have experience with advocacy and public policy.                                       |
| <input checked="" type="checkbox"/> I work directly with Veterans.  | <input checked="" type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                           | <input checked="" type="checkbox"/> I represent a grant making organization.   |
| <input checked="" type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.  | <input type="checkbox"/> I represent local government/municipality.  |
| <input type="checkbox"/> I work with citizens re-entering the community after incarceration.  | <input type="checkbox"/> I work in the mental health/substance abuse field.  |
| <input type="checkbox"/> I work in the health field.  | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.   |
|   | <input type="checkbox"/> I represent the faith community.  |
|   | <input checked="" type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

For Internal Use Only:       Partner or  Affiliate Status

Received on \_\_\_\_\_

Added to Email List

Sent Welcome Email

# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since 2013  
OR  
 Submitting Initial Membership

Date: Oct. 8, 2015

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
kcrawford@alliedchurches.org

Name: Robert (Bob) Holdren

Organization/Business Name: N/A

Non-Profit  For Profit Business

Mailing Address: 519 Baldwin Rd Apt. 150

Burlington NC 22217

Email Address: holdbob1954@att.net

Phone Numbers: 336 524-6603 (Office) 336 417-1333 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the ~~bylaws~~ guidelines

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |   |
|---|---|
| <input type="checkbox"/> I represent the private housing sector.  | <input checked="" type="checkbox"/> Formerly/Currently experiencing homelessness.                                 |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> <sup>have I</sup> I work in the human services/social services field.         |
| <input type="checkbox"/> I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting. | <input type="checkbox"/> I have experience with event coordination, marketing, social media and fundraising.      |
| <input type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.   | <input type="checkbox"/> I have experience with advocacy and public policy.                                       |
| <input type="checkbox"/> I work directly with Veterans.   | <input type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                           | <input type="checkbox"/> I represent a grant making organization.   |
| <input type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.   | <input type="checkbox"/> I represent local government/municipality.   |
| <input type="checkbox"/> I work with citizens re-entering the community after incarceration.  | <input type="checkbox"/> I work in the mental health/substance abuse field.                                       |
| <input type="checkbox"/> I work in the health field.  | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.                                |
|   | <input type="checkbox"/> I represent the faith community.   |
|   | <input type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

<b>For Internal Use Only:</b>	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
Received on _____	
<input type="checkbox"/> Added to Email List	
<input type="checkbox"/> Sent Welcome Email	

## Membership Registration

### Alamance County Interagency Council for Homeless Assistance (ACICHA)

*Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.*

Renewing Membership  
 Been a Member since 2007  
 OR  
 Submitting Initial Membership

Date: 10/8/15

Please Return Completed Form to:  
 Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Nikki Ratliff

Organization/Business Name: Burlington Development Corporation

Non-Profit  For Profit Business

Mailing Address: PO Box 2380  
Burlington NC 27210-2380

Email Address: nratliff@burlingtonha.org

Phone Numbers: 336-226-8421 (Office) 336-380-7755 (Cell)  
ext-228

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws, membership guidelines.

**Please mark all that apply so that you are considered for the most appropriate subcommittee :**

- |  |   |
|--|---|
| <input type="checkbox"/> I represent the private housing sector.<br><input checked="" type="checkbox"/> I represent the public housing sector.<br><input checked="" type="checkbox"/> I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting.<br><input type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.<br><input type="checkbox"/> I work directly with Veterans.<br><input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.<br><input type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.<br><input type="checkbox"/> I work with citizens re-entering the community after incarceration.<br><input type="checkbox"/> I work in the health field. | <input type="checkbox"/> Formerly/Currently experiencing homelessness.<br><input type="checkbox"/> I work in the human services/social services field.<br><input type="checkbox"/> I have experience with event coordination, marketing, social media and fundraising.<br><input type="checkbox"/> I have experience with advocacy and public policy.<br><input type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists.<br><input type="checkbox"/> I represent a grant making organization.<br><input type="checkbox"/> I represent local government/municipality.<br><input type="checkbox"/> I work in the mental health/substance abuse field.<br><input type="checkbox"/> I am certified to provide legal and/or credit counseling.<br><input type="checkbox"/> I represent the faith community.<br><input type="checkbox"/> Able to make a decision on behalf of my agency/business. |
|--|---|

For Internal Use Only: Received on _____ <input type="checkbox"/> Added to Email List <input type="checkbox"/> Sent Welcome Email	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
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# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since 2009 (Shawna)  
OR  
 Submitting Initial Membership

Date: 11/5/15

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Shawna Tillery

Organization/Business Name: City of Burlington (Govt)

Non-Profit  For Profit Business

Mailing Address: 425 S. Lexington Ave.

Burlington, NC 27215

Email Address: stillery@ci.burlington.nc.us

Phone Numbers: 336-222-5094 (Office) 704-300-2993 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the Membership Guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- I represent the private housing sector.
- I represent the public housing sector.
- I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting.
- I work directly with people experiencing homelessness (hunger) or are at risk.
- I work directly with Veterans.
- I work directly with the Latino community and have the ability to speak Spanish or access translators.
- I work directly with survivors of domestic violence and/or sexual assault.
- I work with citizens re-entering the community after incarceration.
- I work in the health field.

- Formerly/Currently experiencing homelessness.
- I work in the human services/social services field.
- I have experience with event coordination, marketing, social media and fundraising.
- I have experience with advocacy and public policy.
- I have experience with meeting facilitation, minute taking and email distribution lists.
- I represent a grant making organization.
- I represent local government/municipality.
- I work in the mental health/substance abuse field.
- I am certified to provide legal and/or credit counseling.
- I represent the faith community.
- Able to make a decision on behalf of my agency/business.

<b>For Internal Use Only:</b> Received on _____ <input type="checkbox"/> Added to Email List <input type="checkbox"/> Sent Welcome Email	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
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# Membership Registration

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Renewing Membership  
 Been a Member since \_\_\_\_\_  
OR  
 Submitting Initial Membership

Date: 12/3/2015

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
kcrawford@alliedchurches.org

Name: Julie Budd  
Organization/Business Name: CrossRoads Sexual Assault Response + Resource Center  
 Non-Profit  For Profit Business  
Mailing Address: P.O. Box 673  
Burlington, NC 27216  
Email Address: julie@crossroadscares.org  
Phone Numbers: 336-~~228-0813~~ (Office) 336-228-0813 (Cell)  
228-0813

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the Membership Guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |  |
|---|--|
| <input type="checkbox"/> I represent the private housing sector.  | <input type="checkbox"/> Formerly/Currently experiencing homelessness.   |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> I work in the human services/social services field.                                      |
| <input type="checkbox"/> I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting. | <input checked="" type="checkbox"/> I have experience with event coordination, marketing, social media and fundraising.      |
| <input checked="" type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.  | <input checked="" type="checkbox"/> I have experience with advocacy and public policy.                                       |
| <input type="checkbox"/> I work directly with Veterans.   | <input checked="" type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input checked="" type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                | <input checked="" type="checkbox"/> I represent a grant making organization.   |
| <input checked="" type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.  | <input type="checkbox"/> I represent local government/municipality.  |
| <input checked="" type="checkbox"/> I work with citizens re-entering the community after incarceration.   | <input type="checkbox"/> I work in the mental health/substance abuse field.  |
| <input checked="" type="checkbox"/> I work in the health field.   | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.   |
|   | <input type="checkbox"/> I represent the faith community.  |
|   | <input checked="" type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

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Partner or  Affiliate Status

# Membership Registration

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Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
 Submitting Initial Membership

Date: 11/4/2015

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Marie Funk

Organization/Business Name: Critical Time Intervention, UNC Dept. of Psychiatry

Non-Profit  For Profit Business

Mailing Address: Center for Excellence in Community Mental Health, CTI  
200 N. Greensboro St. Suite 400 Carrboro NC 27510

Email Address: marie\_funk@med.unc.edu

Phone Numbers: 919-962-2028 (Office) 919-883-5370 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the Membership Guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |   |
|---|---|
| <input type="checkbox"/> I represent the private housing sector.  | <input type="checkbox"/> Formerly/Currently experiencing homelessness.  |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> I work in the human services/social services field.                           |
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| <input checked="" type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.  | <input type="checkbox"/> I have experience with advocacy and public policy.                                       |
| <input type="checkbox"/> I work directly with Veterans.   | <input type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                           | <input type="checkbox"/> I represent a grant making organization.   |
| <input type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.   | <input type="checkbox"/> I represent local government/municipality.   |
| <input checked="" type="checkbox"/> I work with citizens re-entering the community after incarceration.   | <input checked="" type="checkbox"/> I work in the mental health/substance abuse field.                            |
| <input checked="" type="checkbox"/> I work in the health field.   | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.                                |
|   | <input type="checkbox"/> I represent the faith community.   |
|   | <input type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

<b>For Internal Use Only:</b>	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
Received on _____	
<input type="checkbox"/> Added to Email List	
<input type="checkbox"/> Sent Welcome Email	

# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

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Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
 Submitting Initial Membership

Date: 10/8/2015

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Lynn Rousseau

Organization/Business Name: Family Abuse Services of Alamance County, Inc.

Non-Profit  For Profit Business

Mailing Address: PO Box 2192

Burlington NC 27216

Email Address: lrousseau@familyabuseervices.org

Phone Numbers: 336 226 5982 (Office) 336 693 7090 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |  |  |
|--|--|
| <input type="checkbox"/> I represent the private housing sector.   | <input type="checkbox"/> Formerly/Currently experiencing homelessness.   |
| <input type="checkbox"/> I represent the public housing sector.  | <input checked="" type="checkbox"/> I work in the human services/social services field.                                      |
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| <input type="checkbox"/> I work directly with Veterans.  | <input checked="" type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                                      | <input checked="" type="checkbox"/> I represent a grant making organization.   |
| <input checked="" type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.   | <input type="checkbox"/> I represent local government/municipality.  |
| <input type="checkbox"/> I work with citizens re-entering the community after incarceration.   | <input type="checkbox"/> I work in the mental health/substance abuse field.  |
| <input type="checkbox"/> I work in the health field.   | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.   |
|  | <input type="checkbox"/> I represent the faith community.  |
|  | <input checked="" type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

For Internal Use Only:

Received on \_\_\_\_\_

Added to Email List

Sent Welcome Email

Partner or  Affiliate Status

# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
\_\_\_\_ Submitting Initial Membership

Date: 10/08/2015

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Robiri S. Wintringham

Organization/Business Name: Habitat for Humanity of Alamance County, N.C., Inc.

Non-Profit  For Profit Business

Mailing Address: P.O. Box 5036 (street address - 3176 Sixth St.)  
Burlington, NC 27216-5036

Email Address: rwintringham@habitatalamance.org

Phone Numbers: (336) 222-8191 (Office) (336) 263-8270 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> I represent the private housing sector.   | <input type="checkbox"/> Formerly/Currently experiencing homelessness.   |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> I work in the human services/social services field.                                      |
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| <input type="checkbox"/> I work with citizens re-entering the community after incarceration.  | <input type="checkbox"/> I work in the mental health/substance abuse field.  |
| <input type="checkbox"/> I work in the health field.  | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.   |
|   | <input type="checkbox"/> I represent the faith community. <i>we are a Christian housing ministry</i>                         |
|   | <input checked="" type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

<b>For Internal Use Only:</b>	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
Received on _____	
<input type="checkbox"/> Added to Email List	
<input type="checkbox"/> Sent Welcome Email	



# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since Previous  
OR  
 Submitting Initial Membership Member

Date: \_\_\_\_\_

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
kcrawford@alliedchurches.org

Name: Alfred Miller / Debbie DuRoss  
Organization/Business Name: Psychotherapeutic Services Inc

Non-Profit  For Profit Business

Mailing Address: 2260 South Church Street #303  
Burlington NC 27215

Email Address: d.duross@ps-corp.net / amiller@ps-corp.net

Phone Numbers: 538-6990 (Office) 538-6991 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the Membership Guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |  |
|---|--|
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Partner or  Affiliate Status

## Membership Registration

**Alamance County Interagency Council for Homeless Assistance (ACICHA)**  
Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since beginning  
OR  
 Submitting Initial Membership

Date: \_\_\_\_\_

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Ron Osborne

Organization/Business Name: Residential Treatment Services of Alamance, Inc.

Non-Profit  For Profit Business

Mailing Address: PO Box 427

Burlington, NC 27215

Email Address: rosborne@rtsalamance.org

Phone Numbers: 336-227-2994 (Office) 336-213-7417 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws. guidelines

**Please mark all that apply so that you are considered for the most appropriate subcommittee :**

- |  |  |
|--|--|
| <input type="checkbox"/> I represent the private housing sector.   | <input type="checkbox"/> Formerly/Currently experiencing homelessness.   |
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|  | <input type="checkbox"/> I represent the faith community.  |
|  | <input checked="" type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

For Internal Use Only:

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# Membership Registration

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Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
 Submitting Initial Membership

Date: 11-5-15

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
kcrawford@alliedchurches.org

Name: Derrick Smith

Organization/Business Name: The Salvation Army

Non-Profit  For Profit Business

Mailing Address: 812 N Anthony St

Email Address: derrick\_smith@uss.salvationarmy.org

Phone Numbers: 336-227-5529 (Office) 336-516-3284 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the Membership Guidelines.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- I represent the private housing sector.
- I represent the public housing sector.
- I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting.
- I work directly with people experiencing homelessness (hunger) or are at risk.
- I work directly with Veterans.
- I work directly with the Latino community and have the ability to speak Spanish or access translators.
- I work directly with survivors of domestic violence and/or sexual assault.
- I work with citizens re-entering the community after incarceration.
- I work in the health field.

- Formerly/Currently experiencing homelessness.
- I work in the human services/social services field.
- I have experience with event coordination, marketing, social media and fundraising.
- I have experience with advocacy and public policy.
- I have experience with meeting facilitation, minute taking and email distribution lists.
- I represent a grant making organization.
- I represent local government/municipality.
- I work in the mental health/substance abuse field.
- I am certified to provide legal and/or credit counseling.
- I represent the faith community.
- Able to make a decision on behalf of my agency/business.

For Internal Use Only:

Received on \_\_\_\_\_

Added to Email List

Sent Welcome Email

Partner or  Affiliate Status

# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
\_\_\_\_ Submitting Initial Membership

Date: \_\_\_\_\_  
  
Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Catharina Cooper  
Organization/Business Name: Volunteers of America Carolinas  
 Non-Profit  For Profit Business  
Mailing Address: 433 W. Main St.  
Durham, NC 27701  
Email Address: Cmcooper@voa.org  
Phone Numbers: (919) 530-1100 (Office) (919) 451-8138 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |   |
|---|---|
| <input type="checkbox"/> I represent the private housing sector.  | <input type="checkbox"/> Formerly/Currently experiencing homelessness.  |
| <input type="checkbox"/> I represent the public housing sector.   | <input checked="" type="checkbox"/> I work in the human services/social services field.                           |
| <input type="checkbox"/> I represent an agency that receives HUD funds and/or Section 8, CDBG, EFSP funds and use the HMIS system for tracking/reporting. | <input type="checkbox"/> I have experience with event coordination, marketing, social media and fundraising.      |
| <input checked="" type="checkbox"/> I work directly with people experiencing homelessness (hunger) or are at risk.  | <input type="checkbox"/> I have experience with advocacy and public policy.                                       |
| <input checked="" type="checkbox"/> I work directly with Veterans.  | <input type="checkbox"/> I have experience with meeting facilitation, minute taking and email distribution lists. |
| <input type="checkbox"/> I work directly with the Latino community and have the ability to speak Spanish or access translators.                           | <input type="checkbox"/> I represent a grant making organization.   |
| <input type="checkbox"/> I work directly with survivors of domestic violence and/or sexual assault.   | <input type="checkbox"/> I represent local government/municipality.   |
| <input checked="" type="checkbox"/> I work with citizens re-entering the community after incarceration.   | <input type="checkbox"/> I work in the mental health/substance abuse field.                                       |
| <input type="checkbox"/> I work in the health field.  | <input type="checkbox"/> I am certified to provide legal and/or credit counseling.                                |
|   | <input type="checkbox"/> I represent the faith community.   |
|   | <input type="checkbox"/> Able to make a decision on behalf of my agency/business.                                 |

<b>For Internal Use Only:</b> Received on _____ <input type="checkbox"/> Added to Email List <input type="checkbox"/> Sent Welcome Email	<input type="checkbox"/> Partner or <input type="checkbox"/> Affiliate Status
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# Membership Registration

## Alamance County Interagency Council for Homeless Assistance (ACICHA)

Working to eliminate homelessness in Alamance County by promoting interagency coordination to develop and sustain a comprehensive system of housing and services designed to maximize the self-sufficiency of individuals and families.

Renewing Membership  
Been a Member since \_\_\_\_\_  
OR  
 Submitting Initial Membership

Date: Sept 2016

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
kcrawford@alliedchurches.org

Name: Kim Crawford

Organization/Business Name: Community/member at large  
 Non-Profit  For Profit Business

Mailing Address: 3203 Forestdale dr  
Burlington NC 27215

Email Address: Kemoon25@msn.com

Phone Numbers: \_\_\_\_\_ (Office) 336- \_\_\_\_\_ (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |  |
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# Membership Registration

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Renewing Membership  
Been a Member since \_\_\_\_\_  
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 Submitting Initial Membership

Date: \_\_\_\_\_

Please Return Completed Form to:  
Kim Crawford, Allied Churches  
[kcrawford@alliedchurches.org](mailto:kcrawford@alliedchurches.org)

Name: Jasmine Ryant  
Organization/Business Name: Kearah's Place Inc.  
 Non-Profit  For Profit Business  
Mailing Address: 869 South Main Street  
Buclington, NC 27215  
Email Address: kearahsplace@gmail.com  
Phone Numbers: 336-227-0141 (Office) 803-347-2862 (Cell)

Yes, I am interested in becoming a member of ACICHA, I understand meetings occur monthly and active participation is expected on a subcommittee, I have read and agree to the bylaws.

### Please mark all that apply so that you are considered for the most appropriate subcommittee :

- |   |   |
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| <input type="checkbox"/> I represent the private housing sector.  | <input type="checkbox"/> Formerly/Currently experiencing homelessness.  |
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