# HOMELESS ISSUES PARTNERSHIP, INC.

Membership Invoice

June 1, 2020 - May 31, 2021

AGENCY/ORGANIZATION MEMBERSHIP - $50.00

Agency/Organization:

Address:

City: State: Zip Code:

Telephone Number: Fax Number:

Cell Phone Number: Email Address:

Voting Member

Name:

Title:

Authorized Signature: Date: \_\_\_\_\_\_\_\_\_\_\_

*To be completed by HIP Treasurer*

Check# Cash \_\_\_\_\_

**INDIVIDUAL MEMBERSHIP INFORMATION** - **$25.00**

Name:

Address:

City: State: Zip Code:

Telephone Number: Fax Number:

Cell Phone Number: Email Address:

Authorized Signature: Date: \_\_\_\_\_

*To be completed by HIP Treasurer*

**Check# \_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**One vote per paid member**

***PLEASE MAKE CHECKS PAYABLE TO HOMELESS ISSUES PARTNERSHIP, INC.***

**HOMELESS ISSUES PARTNERSHIP, INC.**

**P.O. BOX 912**

**CORPUS CHRISTI, TX 78403-0912**