



MEMBER FORM

As a benefit of membership, your agency's information will appear on the new BKRHC website EndKernHomeless.org.

One listing per paid membership applies. If you have more than one department who pays separate memberships, the listings will appear directly under your agency's name. Please complete one form for each membership you pay.

INDIVIDUAL MEMBERS to honor your support of the BKRHC, a list of individual members will be posted on the website. **No need to complete this form.**

\$250 (NON HMIS USER)

\$500 (HMIS USER). Please make checks payable to Bakersfield-Kern Regional Homeless Collaborative or BKRHC.

INDIVIDUAL MEMBER

SERVICE PROVIDERS

Agency / Individual name _____

Staff name or department where people can speak directly with someone _____

Phone number _____

Email _____ Walk-ins? _____ Appointment required _____ Referral required _____

Address _____ City _____ Zip Code _____

Your agency website address (the URL link to intake and program information on your website)

Your social media (Facebook, Twitter, etc.) URL links

These categories are buttons on the BKRHC website. Select as many as apply to identify services you provide.

Housing and
Emergency Shelter

Veterans

Finances, Benefits,
and Payees

Disability Resources

Domestic Violence

Legal

Mental Health and
Substance Abuse

Medical

Transportation

Food and Clothing

Employment and
Education

Children's Needs

Utilities

Faith-Based Support

Please provide a description summary of your agency; no more than one paragraph.

ADMINISTRATION

Administrative Office(s) _____ Phone _____

Address _____ City _____ ZIP Code _____

Executive Director _____ Email _____ Phone _____

Address _____ City _____ ZIP Code _____

Voting Member _____ Email _____ Phone _____

Address _____ City _____ ZIP Code _____

Proxy _____ Email _____ Phone _____

Address _____ City _____ ZIP Code _____