



**Alliance for Housing
Oakland County's Continuum of Care
2025 Annual Organizational Membership**

NON – FUNDED		
<i>If you do not receive state and federal funding from the Alliance</i>		
Consumer/Program Participant:	No Charge	
Individual:	\$35	
Non-Profit Organization:	\$150	
Faith Based Organization:	\$150	
Business or Government Agency:	\$250	
TOTAL:		

FUNDED AGENCIES		
<i>If you are receiving state or federal funding from the Alliance</i>		
Please select by your agency's annual budget		
0 - \$100,000	\$80	
\$101,000 - \$1M	\$250	
\$1M (+)	\$500	
TOTAL:		

Membership Benefits

- Discount on trainings/workshops offered through the Alliance
- Ability to vote on Alliance business (i.e. updates/changes to by-laws)
- Ability to serve on the Alliance Board
- If you are, or are interested in applying for any funding through the Alliance
- If you have or are interested in Homeless Management Information System (HMIS) support and licenses – the Alliance can provide up to 2 licenses for agencies. If your agency is interested in participating in HMIS please review the [HMIS New Agency Application Policy](#)
 - **Does not apply to agencies that receive state and federal funds through the Alliance**
- Opportunities to network with people doing similar work
- Post one event per month to the Alliance Listserv by emailing details to acuniberti-alliance@oaklandhomeless.org by the last Friday of the month. Events will be shared on the first Wednesday of the following month. *The Alliance reserves the right to deny event posting requests that are not relevant to housing and homelessness.*

Member Information

Organization Name/ Individual: _____

Point of Contact: _____ Address: _____

City: _____ State: _____ ZIP: _____

County: _____ Phone: _____

Email: _____ Website: _____

Checks should be made payable to:

Alliance for Housing

Please mark your check with the designation of “2025 Alliance Membership”

Checks are mailed to:

Alliance for Housing, 1 N. Saginaw, Suite 208, Pontiac, MI 48342

☐ The Alliance has permission to post out agency logo on the Alliance website, www.oaklandhomeless.org (please send logo to acuniberti-alliance@oaklandhomeless.org)

Signature: _____ Printed Name and Title: _____

☐ Check this box if you need a receipt – it will be emailed to the email you provided on this form