



Please Complete Membership Application and Mail with Dues Payment to:

**One Voice
4550 Post Oak Place Drive, Suite 100
Houston, Texas 77027**

***Make check or money order payable to: One Voice**

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Date: _____

____ I have read and am in agreement with the One Voice Membership Guidelines.

Organization: _____

Address: _____

Executive Director/CEO: _____ E-Mail: _____

Primary Contact: _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

Website: _____

Which of these workgroups will your organization participate in? (you may check more than one)

- Physical Health
 Behavioral Health
 Early Childhood Education
 Public Education
 Basic Needs and Community Care
 Child Welfare

Membership Structure

***Partnership Member:** (Private or non-profit health & human services organization; one vote per organization)

*Dues are calculated based on the following organizational budget:

<u>Annual Budget</u>	<u>Annual Dues</u>
< \$500,000 -----	<input type="checkbox"/> \$150.00
\$500,001 – \$1.99 M-----	<input type="checkbox"/> \$250.00
\$2.0 M - \$4.99 M-----	<input type="checkbox"/> \$350.00
\$5.0 M + -----	<input type="checkbox"/> \$500.00

Resource Member: (Public or government organization; no formal voting privileges)

- \$150.00- if organization receives funding from sources other than government entities
 \$0.00 - if budget is only based on government funds

Associate Supporting Organization: (Organizations/businesses that support *One Voice's* mission and priorities; no formal voting privileges)

- \$250.00

Associate Individual – (Individual who is not employed by an eligible Partnership or Resource member, who supports *One Voice's* mission and priorities; no formal voting privileges)

- \$50.00

***Partnership Member Voting Representative:** Does your organization want a specific individual named who will be your voting representative for membership votes? Yes ____ No ____

If yes, please name representative: _____

Question?

*Laurie Glaze, Executive Director – 713.333.2232
Candace Spencer, Administrative Assistant -713.333.2204*