

# Annual Letter of Commitment for MHA

*To retain active membership in good standing, all categories of members must attend at least 75%. Members are encouraged to participate in MHA sponsored community events (such as Homeless Awareness Week Vigil or Resource Fair, the Annual Point in Time count, or community activities).*

As a member of Maui Homeless Alliance, I (agency) **Commit to do the following:**

- Support the mission, goals, processes, and leadership of MHA as agreed by the members;
- Send an authorized representative(s) to attend all MHA meeting;
- Prepare for each meeting by reading all pre-distributed material;
- Actively participate in all MHA meetings from beginning to adjournment;
- Join a Committee and actively participate in all committee work;
- Pay Membership Dues if intending to vote or seek waiver;
- Share information from MHA with the group or organization represented and obtain feedback for the MHA;
- Represent MHA at community meetings as needed;
- Advocate for all those who are homeless, at-risk of becoming, or were formerly homeless;
- Provide written notification to the MHA Chairperson and/or MHA Organizational Development Chairperson to end agency's membership.

**Given the responsibilities and time commitment of participation in MHA and its committee, I agree to join according to the following category: (check one box)**

All dues collected by MHA will be used in support of our mission. Dues are prorated on a quarterly basis.

Partner Membership - \$120

Individual Membership - \$20

Maui County Government Representative Membership - \$0

Request for Waiver of dues (fee) from membership committee.

Approved  Denied

Name/Title \_\_\_\_\_

Organization's Name: \_\_\_\_\_

Address/State/Zip Code: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

I have read and understand this letter of commitment and I will commit and respect its spirit as well as its wording.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*PLEASE ATTACH THE FOLLOWING:*

AGENCY'S SERVICES INFORMATION AND/OR BROCHURE

DUES PAYMENT

Application to be completed on an annual basis with the collection of dues.

## MEMBERSHIP DUES INVOICE

Agency or Individual: \_\_\_\_\_ Date: \_\_\_\_\_

**Select One Membership Type** **Annual Dues**

**Partner Membership** – A business, church group, non-profit, civic **\$120.00**

group, or other business entity, including government agencies, may apply by completing an application and paying annual dues. Multiple attendees may represent one agency, but each member agency receives only one vote.

**Individual Membership** - An individual who is a full-time adult student enrolled in a **\$20.00**

field of study relating to human/social services, elder (age 65 and better), or individual (living in affordable housing, houseless, formerly houseless, living in a shelter). Individual members pay reduced dues and have one vote.

**Maui County Government Representative:** - The Maui County Departments of **\$0.00**

Housing and Human Concerns may designate an individual representative who will receive one vote for each department and no dues will be required.

**Enter amount due and payment based on membership selected:**  
Dues are prorated on a quarterly basis.

**PLEASE MAIL THE APPLICATIONS TO:**  
Maui Homeless Alliance Membership  
C/O Sherry Kupau, Family Life Center 95 South Kane Street Kahului, HI 96732 or  
via email at: Sherry@FLCMAui.org

**PLEASE MAKE \*CHECKS\* PAYABLE TO:**

Maui Economic Opportunity, Inc.- 99 Mahalani Street, Wailuku, HI 96793  
Please ensure that checks are made out to Maui Economic Opportunity, In the notes write MHA dues 2025  
(a copy of the check should be included in the application packet sent to Sherry.)

**\*Returned check fee will be \$25.00**

\$ \_\_\_\_\_

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Maui Homeless Alliance Membership Representative:  
Sherry Kupau/Maui Homeless Alliance Membership Chair  
MHA 2025 Application Updated 12.16.2024

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

# Application for MHA Waiver

Any individual or group may apply for a waiver of membership fees. When applying for a fee waiver for membership, please review the following guidelines:

1. For a Partner Membership, the fee waiver request must be accompanied by a brief, written explanation of the need. For example, a signed statement referring to an agency policy that prohibits funding of membership fees.
2. For an Individual, the request must be accompanied by a written statement of inability to pay with documentation supporting status.
3. Requests for fee waiver will be reviewed by the Membership Committee. Applicants will be notified of the approval or denial of the application.
4. The number of waiver memberships is not to exceed the number of paid memberships.
5. Denials may be appealed in writing within 14 days. Appeals should be mailed to: C/O Sherry Kupau, Family Life Center 95 South Kane Street Kahului, HI 96732 or via email at: Sherry@FLCMAui.org
6. Once granted, waiver, individuals, or groups have full privileges of membership in the category granted.
7. Previously approved fee waivers will not be automatically granted. A request for a fee waiver must be submitted annually.

By signing below, I acknowledge that I have read and understand this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business/Organization Name (if applicable)