

# *Miami-Dade County Human Trafficking Coalition*

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## **Membership Application Form**

To apply for membership or to update agency information please complete the following questions:

1. Organization/Agency name: \_\_\_\_\_

Please add the type of organization/agency you are representing:

Not for Profit:

For Profit:

Higher Education:

Governmental:

2. Agency Representative: \_\_\_\_\_

3. Contact number(s): \_\_\_\_\_

4. Website: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Address: \_\_\_\_\_  
\_\_\_\_\_

7. Population served:

- ☐ Adults
- ☐ Females
- ☐ Males
- ☐ Minors
- ☐ U.S. citizens
- ☐ Foreign nationals

8. Services provided:

- ☐ Community outreach
- ☐ Legal services
- ☐ Case management
- ☐ Counseling
- ☐ Direct outreach
- ☐ Shelter – Emergency
- ☐ Shelter – Long-term
- ☐ Shelter-Transitional
- ☐ Other: \_\_\_\_\_

9. Please consider joining a committee:

- ☐ Survivor Empowerment & Advocacy Committee
- ☐ The Commercial Sexual Exploitation of Children in the Dependency System Committee
- ☐ Faith-Based Support Committee

01/16 Received by The MDCHTC Human Trafficking Advocate: \_\_\_\_\_ Date: \_\_\_\_\_