

Central Continuum of Care

MEMBERSHIP INFORMATION

SERVING THE COUNTIES OF Adams, Columbia, Dodge, Juneau and Sauk

ORGANIZATION:	_____				
ADDRESS:	_____				
PHONE:	_____	FAX:	_____	WEB SITE:	_____
REPRESENTATIVE NAME:	_____				
EMAIL:	_____				
REPRESENTATIVE NAME:	_____				
EMAIL:	_____				

Membership information will be updated on an annual basis or as needed. Members are expected to attend three out of four annual meetings. Attendance is documented by the Secretary.

Please check the stakeholder group to which you most closely align:

- Currently homeless or previously homeless individual
- Nonprofit homeless assistance provider that receives HUD COC or ESG funding
- Employment provider
- Emergency Shelter
- Domestic violence and/or sexual assault provider
- Faith-based organization
- Private funder
- Government Entity
- Business
- Public Housing Agency
- HIV/AIDS representative
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- School District/McKinney-Vento Coordinator
- Social service provider
- Mental health provider
- Substance abuse treatment provider
- University/technical school
- Affordable housing developer
- Legal service provider
- Veteran service provider
- Individual community member
- Youth serving agency

Other: _____

I understand that as a member, I may be asked to serve on a committee to further advance the mission of the Central COC. I am willing to serve on a committee.

Signature _____
Date

Signature _____
Date

Please send your completed membership form to:
 Renewal Unlimited, Inc.
 2900 Red Fox Run
 Portage, WI 53901
 Phone- 608-742-5329 X242
 Fax- 608-742-5481
rgrossbier@renewalunlimited.net