Dairyland Continuum of Care

MEMBERSHIP INFORMATION

SERVING THE COUNTIES OF BUFFALO, EAU CLAIRE, JACKSON AND TREMPEALEAU

ΤY	PE OF MEMBERSHIP:	☐ ORGANIZATION	☐ INDIVIDUAL	
NA	ME:			
AD	DRESS:			
PH	ONE:	FAX:	WEB SITE:	
REI	PRESENTATIVE NAME:			
EM	AIL:			
REI	PRESENTATIVE NAME:			
EM	AIL:			
*A	dditional representatives and	d contact information should be I	isted on the back of this application.	
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are are Seci	expected to attend r cancelled or misse retary.	nine (9) meetings (or 75% ed for extenuating circ	annual basis or as needed. Members of the EC 6) in order to vote. This may be fewer if meeti umstances. Attendance is documented by	ngs
are are Seci	expected to attend r cancelled or misse retary. se check the stakeholder	nine (9) meetings (or 75% ed for extenuating circular groups to which you most clo	6) in order to vote. This may be fewer if meeti	ng
are are Seco	expected to attend reconcelled or misse retary. se check the stakeholder Currently homeless or process.	nine (9) meetings (or 75% ed for extenuating circle groups to which you most clo	6) in order to vote. This may be fewer if meeti umstances. Attendance is documented by sely align. (Check all that apply):	ng
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Signa	ature	Date
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	Youth serving agency	
	Individual community member	
	Veteran service provider	
	Legal service provider	
	Affordable housing developer	
	University/technical school	
	Substance abuse treatment provider	
	Mental health provider	
	Health care provider	
	Social service provider	
	School District/McKinney-Vento Coordinator	
	LGBTQ representative	
	HIV/AIDS representative	