

# Dairyland Continuum of Care

## MEMBERSHIP INFORMATION

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

TYPE OF MEMBERSHIP:	<input type="checkbox"/> ORGANIZATION	<input type="checkbox"/> INDIVIDUAL
NAME:	_____	
ADDRESS:	_____	
PHONE:	FAX:	WEB SITE: _____
REPRESENTATIVE NAME:	_____	
EMAIL:	_____	
REPRESENTATIVE NAME:	_____	
EMAIL:	_____	
*Additional representatives and contact information should be listed on the back of this application.		

Membership information will be updated on an annual basis or as needed. Members of the ECHC are expected to attend nine (9) meetings (or 75%) in order to vote. This may be fewer if meetings are cancelled or missed for extenuating circumstances. Attendance is documented by the Secretary.

**Please check the stakeholder groups to which you most closely align. (Check all that apply):**

- 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
- LGBTQ representative
- School District/McKinney-Vento Coordinator
- Social service provider
- Health care 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: \_\_\_\_\_

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Signature

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Date