



Emergency Services Network Of Kenosha County

MEMBERSHIP APPLICATION

The Emergency Services Network has served Kenosha County residents since 1986 as a collaborative, community-based effort to coordinate services, share information, attract increased funding, and eliminate duplication and gaps in services for individuals and families experiencing poverty and homelessness. Please complete the information below. Use N/A for items that do not apply.

ORGANIZATION:	_____				
ADDRESS:	_____				
PHONE:	_____	FAX:	_____	WEB SITE:	_____
AUTHORIZED REPRESENTATIVE NAME & TITLE:	_____				
EMAIL:	_____				
DESIGNATED/ALTERNATE REPRESENTATIVE NAME:	_____				
EMAIL:	_____				

Membership information will be updated on an annual basis or as needed.

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

- Affordable housing developer
- Business
- Currently homeless or previously homeless individual
- Domestic violence and/or sexual assault provider
- Employment provider
- Emergency Shelter
- Faith-based organization
- Food Pantry
- Government Entity

- HIV/AIDS representative
- Individual community member
- Legal service provider
- LGBTQ representative
- Mental health provider
- Nonprofit homeless assistance provider that receives HUD COC or ESG funding
- Private funder
- Public Housing Agency
- School District/McKinney-Vento Coordinator
- Social service provider
- Substance use disorder treatment provider
- Substance use disorder education and prevention provider
- University/technical school
- Veteran service provider
- 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 Emergency Services Network of Kenosha County.

- I am willing to serve on a committee. Please list your committee of interest: _____
- I am not willing to serve on a committee.
- I already serve on a committee: Name of the Committee: _____

Signature Date

Signature Date

Please send your completed membership form to:

Lisa Haen: lhaen@khds.org
 Or mail to:
 KHDS, Inc.
 ATTN: Lisa Haen
 3536 52nd Street
 Kenosha, WI 53144
 Phone: 262.764.8544