

# Northeast Coalition

## MEMBERSHIP INFORMATION

*SERVING THE COUNTIES OF Florence, Marinette, Menominee, Oconto, & Shawano*

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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 50% of the monthly meetings. Attendance is documented by the Lead.

**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
- LGBTQ representative

- 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 N\*WISH Coalition. I am willing to serve on a committee.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Please send your completed membership form to:  
 Newcap, Inc.  
 Attn.: Northeast/Erin Evosevich  
 1201 Main Street  
 Oconto, WI 54153  
 Phone- 920.834.4621 Ext. 1109  
 Fax- 920.834.4887  
 erinevosevich@newcap.org