

Anti-Poverty Action Coalition - MEMBERSHIP INFORMATION

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

Please circle all that applies:

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

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: _____

Signature

Date