

Washington County Continuum of Care

MEMBERSHIP INFORMATION

SERVING THE COMMUNITY OF WASHINGTON COUNTY, WISCONSIN

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

Membership information will be updated on an annual basis or as needed. Members are expected to attend at least three out of four meetings per year. Attendance is documented by the Secretary.

Please check the stakeholder group(s) to which your organization most closely aligns:

- | | |
|---|---|
| <input type="checkbox"/> Currently homeless or previously homeless individual | <input type="checkbox"/> LGBTQ serving agency |
| <input type="checkbox"/> Nonprofit homeless assistance provider | <input type="checkbox"/> School District/Homeless Liaison |
| <input type="checkbox"/> Employment provider | <input type="checkbox"/> Social service provider |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Mental health provider |
| <input type="checkbox"/> Domestic violence and/or sexual assault provider | <input type="checkbox"/> Substance abuse treatment provider |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> University/technical school |
| <input type="checkbox"/> Private funder | <input type="checkbox"/> Affordable housing developer |
| <input type="checkbox"/> Government Entity | <input type="checkbox"/> Legal service provider |
| <input type="checkbox"/> Law Enforcement Agency | <input type="checkbox"/> Veteran service provider |
| <input type="checkbox"/> Business | <input type="checkbox"/> Youth serving agency |
| <input type="checkbox"/> Public Housing Agency | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HIV/AIDS Housing and Services Agency | |

I understand that as a member, I may be asked to serve on a committee to further advance the mission of the Washington County COC. I am willing to serve on a committee.

_____ Individual/Representative Signature	_____ Date
_____ Individual/Representative Signature	_____ Date

ADDITIONAL AGENCY-APPROVED REPRESENTATIVES

REPRESENTATIVE NAME: _____

EMAIL: _____

REPRESENTATIVE NAME: _____

EMAIL: _____

REPRESENTATIVE NAME: _____

EMAIL: _____

REPRESENTATIVE NAME: _____

EMAIL: _____

Please contact WCCOC Secretary to update list of approved agency representatives.

Please send your completed membership form to:
Family Promise of Washington County
Attn.: Washington County COC
724 Elm Street
#100
West Bend, WI 53095
Phone- 262.353.9304
ProgramDir@familypromisewc.org