Commission on Homelessness for Volusia & Flagler Counties

2016 Membership Application

	Please Print
Name of Key Representative	anizations Only)
(For Agency/Orga	anizations Only)
Official Designated Alternate	Title Title
(For Agency/Organ	nizations Only)
Mailing Address	
City	State Zip Code
For # ()	E-Mail Address
Continuum of Care Membership:	
Continuum of Care Membership: Membership and meetings are open to	o all stakeholders interested in or serving homeles
-	o all stakeholders interested in or serving homeles
Membership and meetings are open to	
Membership and meetings are open to Type of Membership (Select One)	No Charge
Membership and meetings are open to Type of Membership (Select One) 1Homeless/Unemployed	
Membership and meetings are open to Type of Membership (Select One) 1Homeless/Unemployed	
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Please make the check or money order out to the Volusia-Flagler County Coalition for the Homeless and mail it to P.O. Box 444 DeLand, FL 32721-0444

Benefits of Membership:

- Receive updates on issues affecting homeless services at the local, state and national levels.
- Voting privileges on issues coming before the continuum and the election of Board members.
- Participation in critical committees and work groups that coordinate outreach, data management and address issues as they emerge.
- •E-mail alerts ad reminders on critical issues and meetings.
- Technical assistance with grant applications and program designs benefiting the continuum, including the completion of the annual CoC application to HUD.

Policies of Membership:

•	CoC voting privileges are contingent upon compliance with dues payment.
•	Membership application must be completed and submitted with payment.
•	One membership = one vote. Organizations may have more than one representative attend meetings and should designate the voting member.
•	Voting by proxy will be allowed- the individual/organization should submit information to the Executive Director by email or in writing prior to any meeting.
•	Dues are paid annually by July 1st, and are non-refundable.
•	Individuals or organizations for which the dues create a hardship may submit a request for a fee waiver, which will then be brought before the Volusia-Flagler Continuum of Care Board.
Applicant	Signature: Date: