



Send form to Homeless Continuum of Care
Director, Maegan Zielinski at
maeganz@capefearcog.org

Tri-Hic Membership Form

Date: _____

Organizational Membership

Organization

Name: _____

Address: _____

Phone: _____ WebSite: _____

Point of Contact Name/Title: _____

POC Phone: _____ Email: _____

Individual Membership

Individual

Name: _____

Address: _____

Phone: _____ Email: _____

Indicate if interested in the following:

- Homelessness
- Harm Reduction
- Housing First
- Affordable Housing
- Sharing Resources & Networking
- Governance Structure/By-Laws
- Continuum of Care Basics
- Grant Opportunities

CoC Notes:

Indicate if interested in Participating on Tri-Hic Sub Committees:

- Vulnerable Populations
- Veterans Strategy
- Coordinated Entry
- Homeless Management Information System (HMIS)
- Ranking Committee
- Future Planning/Governance Charter Committee
- Brunswick Homeless Task Force
- None at this time