



## Cape Fear Homeless Continuum of Care Membership Form

Choose one:  New Member Application  Updated Member Information  
Membership Type:  Organization  At-Large (Individual)

Member Name: \_\_\_\_\_

Organization Director/Manager: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Director/Manager Email Address: \_\_\_\_\_

**Organizations complete:** (For regular communication & dissemination of information to the organization)

Primary Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

**I/we are involved in:** (check all that apply)

- Shelter/Housing  Food/Basics  MH/SUD  Healthcare  Education  
 Street Outreach  Financial Assistance  Life skills/Job skills  Community Re-entry  
 Local Government  Law Enforcement  Currently/recently experienced homelessness  
 Landlord/Housing Developer  Other: \_\_\_\_\_

**I/we are interested in** (check all that apply):

- Homelessness/Advocacy  Housing First  Affordable Housing/Capacity  
 Resources & Networking  Governance Structure/By-Laws  Grant Opportunities  
 Continuum of Care Basics  Other: \_\_\_\_\_

**Are you willing to participate in committees/work groups?** (check all that apply):

- Veterans Strategy  Structure (Governance & By-laws) Committee  Coordinated Entry  
 Emergency Housing Voucher Committee  Homeless Management Information System (HMIS)  
 Application Ranking Committee  Point-in-Time/Events  Brunswick County  
 Pender County  Lived Experience Advisory Committee  Strategic Planning  
 Focus Groups/Ad hoc work groups

I/we have reviewed By-Laws for the CFHCoC. Attached are the signed Code of Conduct & Conflict of Interest Disclosure. I understand that members attend at least three (3) monthly meetings per year to maintain the membership.

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