

Western VA 513
Continuum of Care

Organizations Membership

Organization Name: _____

Primary Representative's Name: _____

Address: _____

Phone # _____ Fax # _____ Email: _____

Alternate Representative's Name: _____

Address: _____

Phone # _____ Fax # _____ Email: _____

Each organization will be represented by one voting member. The primary representative will have the primary authority to vote. In their absence, the alternate representative can vote on behalf of the organization. If neither will be present at a meeting where a vote is scheduled, please contact the CoC Coordinator to designate a representative in their absence.

Organizational Information

Please list the type of services your organization provides related to homeless needs and services:

Will your organization participate in the annual Point-In-Time Homeless Census held in January? _____ Yes _____ No

Is your organization willing to be a member of the Homeless Management Information System (HMIS) or comparable database? _____ Yes _____ No

By signing below, each representative acknowledges that they have read and understood the responsibilities outlined in the [Western Virginia Continuum of Care Policies and Procedures](#).

Primary Representative's Signature: _____ Date: _____

Alternate Representative's Signature: _____ Date: _____