



Membership Application – Individuals

Membership in the Western VA CoC is open to any individual connected to the CoC’s service area that is interested in *making homelessness rare, brief, and non-recurring* in the Shenandoah Valley. Individual members can participate in the CoC’s quarterly meetings and take part in discussions to promote progress and housing stability within our community.

Title:		First Name:		Last Name:	
Address:				City:	
State:				Zip Code:	
Email address:					
How did you learn about US ?		<input type="checkbox"/> HUD	<input type="checkbox"/> Social Media		
		<input type="checkbox"/> VA DHCD	<input type="checkbox"/> Friend/Family		
		<input type="checkbox"/> NAEH	<input type="checkbox"/> Other (please specify):		
Have you ever received homeless services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:					
Have you ever been involved in providing homeless services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:					
Why do you want to become a member of the CoC?					
By checking this box, you agree to abide by the CoC’s Policies and Procedures.					<input type="checkbox"/> I agree
Signature:				Date:	

Note: *The CoC encourages people with lived experienced of homelessness (PWLE) to join its action and offer important perspective in shaping strategic leadership and informing CoC policies and practices.*