



MEMBERSHIP AGREEMENT

Concho Valley Homeless Planning Coalition

Membership Calendar Year January 1, 2016 - December 31, 2016

Agency/Organization Name _____

Address _____ City _____ Zip _____

Phone _____ Ext _____ Fax _____

E-Mail _____ Web Site _____

Main Contact _____ Title _____

Primary Site Address (if different than above) _____

Population Served: Men Women Families Youth Veterans Seniors Releases

Disabilities HIV/AIDS Dual Diagnosed DV Other: _____

Agency/Organization Description _____

What Services Does Your Agency/Organization Provide? Emergency Shelter Transitional Housing

Permanent Housing Supportive Services Meals/Food Other Direct Services (Explain) _____

Are you a current recipient of Continuum of Care Funding? Yes No

Do you participate with the Homeless Information Management System (HMIS)? Yes No

If Yes, please explain _____

CVHPC Mission Statement

"Working together to more effectively help homeless people become self-sufficient in the Concho Valley"

Does your organization support our mission statement? Yes No

Mailing Address: Concho Valley Homeless Planning Coalition, 1404 S. Oakes, San Angelo, TX 76903

Signature _____ Title _____ Date _____

MEMBERSHIP AGREEMENT: This signature verifies the organization's intent to participate in all Concho Valley Homeless Planning Coalition meetings and activities commencing with the effective date of this application.