

## *St. Louis City Continuum of Care* **NEW MEMBERSHIP APPLICATION**

**Date:**

**Entity/Individual Name:**

**Mailing Address:**

**City, State, and Zip:**

**Telephone Number:**

**Fax Number:**

**Email Address:**

**Web Address (if applicable):**

**If this application is being completed on behalf of an individual, please complete the following:**

**Please provide information regarding how membership in the St. Louis Continuum of Care (CoC) would be mutually beneficial and describe any related experience:**

**Are you affiliated with an entity that is currently a member of the CoC? If yes, explain.**

**If this application is being completed on behalf of an entity (e.g. a company), please complete the following questions:**

- 1. Authorized Representative Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_
- 2. Who is authorized to vote in the CoC on behalf of your entity?**
  - Primary Voting Delegate Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_
  - Secondary Voting Delegate Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_
  - Tertiary Voting Delegate Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*For CoC funded members, at least one delegate must be in an executive or managerial position.*

- 3. If the entity you represent is a homeless service provider, please give a brief description of the services provided by your entity including the eligibility criteria, referral process, hours of operation and contact person/s:**
  
  
  
  
  
  
  
  
  
  
- 4. If the entity you represent is not a homeless service provider, please describe how membership in the St. Louis Continuum of Care would be mutually beneficial.**



Saint Louis City  
**Continuum  
of Care**

Making Moves that #endhomelessness  
makingmovesSTL.org

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#### **Active Membership Acknowledgement:**

I acknowledge that for a membership to be considered in good standing, members must meet the CoC By-Laws definition of active membership under Article III, Section 2.

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Signature

Date

Return your completed application to Shanna Nieweg, Chairperson of the Membership committee at [hhdc02@sbcglobal.net](mailto:hhdc02@sbcglobal.net). If you have any questions, please call 314-865-0383.

#### **Committee Membership**

On which of the following committee(s) would you or your entity prefer serving (please refer to CoC brochure for committee descriptions)?

- Planning Committee**
- Service Delivery Committee**
- Advocacy Committee**
- Project Review and Ranking Committee**
- Membership Committee**
- Consumer Council**
- PIT Committee**
- HMIS Committee**