



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.**



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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.

Signature

Date

Return your completed application to Shanna Nieweg, Chairperson of the Membership committee at 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**