



# Fredericksburg Regional Continuum of Care Membership Form

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 Chairperson 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)? \_\_\_\_\_ Yes \_\_\_\_\_ No

By signing below, each representative acknowledges that they have read and understand the responsibilities set forth in the attached **Fredericksburg Regional Continuum of Care Policies and Procedures**.

Primary Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_