APPLICATION FOR MEMBERSHIP

Agency/Organization: ____________________________________________________________

Name and Title of Representative: ________________________________________________

Name and Title of Alternate 1: ______________________________________________________

Name and Title of Alternate 2: _____________________________________________________

Mailing Address: __________________________________________________________________

Email (Representative): _____________________________________________________________

Email: (Alternate 1): _______________________________________________________________

Email: (Alternate 2): __________________________________________________________________

Telephone: ___________________________ Fax: ________________________________

Please check the category that most closely describes you or your appointee:

____ Agency or organization in Guam that provides or facilitates housing and/or services to the
   homeless individuals and homeless families.

____ At-large member who represents the communities of Guam affected by homelessness and
   committed to the mission and vision of the Guam Homeless Coalition and committed to
   finding solutions to end homelessness.

____ Business Community _________________________ Charitable Organizations

____ Academia _____________________________ Faith-Based Organization

____ Concerned Citizen ______________________ Homeless Advocate

____ Former homeless (a person who in the past received homeless assistance, housing and/or
   supportive services)

____ Homeless person (a person who is currently receiving homeless assistance (housing, and/or
   supportive services)

• Homeless persons residing in homeless shelter must list the homeless programs in which they
  participate.
Why do you or your organization want to become a member of the Guam Homeless Coalition?

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Supervisor or Appointing Authority's Name & Title

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Signature

Date