



APPLICATION FOR INDIVIDUAL AFFILIATE MEMBERSHIP

Name of Individual Applicant: _____

Applicant's primary agency/organizational affiliation (if any): _____

Applicant's position/title with above agency/organization: _____

Are you a Designated Voting Member for the above agency/organization? Yes No Not Sure

Please list **ALL** other agency or organization affiliation in the table below.

Name of Agency or Organization	When Did Affiliation End?	Type of Affiliation
	Month & Year: ____ / ____ <input type="checkbox"/> N/A – Currently affiliated	<input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Month & Year: ____ / ____ <input type="checkbox"/> N/A – Currently affiliated	<input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Month & Year: ____ / ____ <input type="checkbox"/> N/A – Currently affiliated	<input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____
	Month & Year: ____ / ____ <input type="checkbox"/> N/A – Currently affiliated	<input type="checkbox"/> Staff <input type="checkbox"/> Board <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____

Continue on back of sheet if needed

Primary Email: _____

Primary Phone: _____

Address: _____

Street Address

City

State

ZIP Code

Which best describes you and your work? (Check all that apply)		Where do you work/serve?
<input type="checkbox"/> Local Government Staff/Official	<input type="checkbox"/> Affordable Housing Developer	<input type="checkbox"/> Orange
<input type="checkbox"/> State Government Staff/Official	<input type="checkbox"/> Public Housing Authority	
<input type="checkbox"/> CDBG/HOME/ESG Jurisdictional Admin	<input type="checkbox"/> School Admin/Homeless Liaison	<input type="checkbox"/> Osceola
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Funder	
<input type="checkbox"/> Jail	<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Seminole
<input type="checkbox"/> EMT/Crisis Response Team	<input type="checkbox"/> University/College	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Advocate – Youth	
<input type="checkbox"/> Mental Health Services Agency	<input type="checkbox"/> Advocate – Domestic Violence	
<input type="checkbox"/> Substance Abuse Services Agency	<input type="checkbox"/> Advocate – LGBTQ	
<input type="checkbox"/> Nonprofit Homeless Assistance Provider	<input type="checkbox"/> Advocate – Disability	<input type="checkbox"/> Other: <i>(please specify)</i>
<input type="checkbox"/> Social Service Provider	<input type="checkbox"/> Advocate – Other HmIs Population	
<input type="checkbox"/> Disability Services Provider	<input type="checkbox"/> Shelter/Transitional Housing Provider	
<input type="checkbox"/> LGBTQ Services Provider	<input type="checkbox"/> Day Center/Day Program	
<input type="checkbox"/> Victim/Domestic Violence Provider	<input type="checkbox"/> Feeding Program/Soup Kitchen	
<input type="checkbox"/> Human Trafficking Provider	<input type="checkbox"/> I am Homeless/Formerly Homeless	
<input type="checkbox"/> Youth Homeless Agency	<input type="checkbox"/> Other <i>(please specify)</i> :	
<input type="checkbox"/> Veteran Services Provider		
<input type="checkbox"/> Street Outreach		

I certify that the information provided above is current, accurate and complete to the best of my knowledge. I understand and agree that I am responsible for reporting any changes to the above information to membership@hsncl.org. I further understand and agree that if I do not attend at least two (2) CoC FL-507 general or committee meetings during any 12-month period, I will be required to re-apply for membership.

Signature: _____

Date: _____

Office Use Only:



APPLICATION INSTRUCTIONS AND GUIDE

How to Submit an Application? Applications may be submitted by email to membership@hscfl.org; by U.S. mail to HSN, 142 E Jackson Street, Orlando, FL 32801; or by hand to a CoC-designated representative at any CoC general or committee meeting. Any applicant who does not receive notification of application denial within 30 days of receipt by HSN may assume his or her membership application has been approved. Please note that the Applications for Organizational Affiliate Membership is separate and distinct from Individual Affiliate Membership.

Who is a Designated Voting Member? These are individuals authorized to make decisions on behalf of the organization. Typically an organization will elect their CEO/Executive Director, members of their leadership and management teams. Each member organizational may select up to five (5) persons. This only applies if the agency/organization listed as the applicant's primary agency is an Organizational Member of CoC FL-507.

Which agency/organization should I list my affiliation with? Besides the agency/organization listed as the primary affiliation, all individual applicants are asked to declare all the agencies or organizations participating in the Central Florida Commission on Homelessness (CoC FL-507) with which they are currently affiliated, as well as those with which they were previously affiliated with in the past twelve (12) months. An affiliation is defined as an employee, board member, volunteer, etc.

How do we contact you? Applicants are required to provide accurate contact information to ensure that they are able to receive communication from the Commission (CoC FL-507). Your work email, work phone number and office address is acceptable. Persons may also elect to provide their personal contact information.

What best describes you and your work? In this section, applicants are being asked to identify all the sectors/constituencies/disciplines that are applicable to them and the work they do. Check all that apply. If there is an area, activity or sector not included in the list, please include it under "Other".

Where do you work/serve? This question aims at identifying the area which the applicant works/serves. Please check all the counties in which you operate or serve. If a county is not listed, you may include it under "Other".

Certification Section This section is important, as it acknowledges who is submitting the application. It also ensures that you, the applicant, understand the basic requirement for maintaining membership with CFCH/CoC FL-507.

Questions or Concerns If you have any questions or concerns in relation to your membership with CoC FL-507, you may send an email to membership@hscfl.org.

Additional Information: