



Central Florida Commission on Homelessness (CoC FL-507)

142 E Jackson Street, Orlando, FL 32801 ■ Phone: (407) 893-0133 ■ Fax: (407) 893-5299

Original
Update

APPLICATION FOR ORGANIZATIONAL MEMBERSHIP

Name of Organization: _____

Will you be appointing designated voting members? Yes No Not Sure
(Max 5 per organization)

Please list all names of persons designated as voting members:

Table with 3 columns: Name, Email, Phone. Multiple empty rows for data entry.

Organization Email: _____

Organization Phone: _____

Address: _____

Street Address

City

State

ZIP Code

Form with two main sections: 'Which best describe this organization:' and 'Where does this organization serve:'. Includes various checkboxes for organization types and counties.

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@hcnfl.org. I further understand and agree that if, _____, does not have representatives in 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:



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APPLICATION INSTRUCTIONS AND GUIDE

How to Submit an Application? Applications may be submitted by email to membership@hsncfl.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 are Designated Voting Members? 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.

How do we contact you? General contact information for your organization as well as contact information for all Designated Voting Members is required for general correspondence as well as for providing information on items that mandate a decision by designated voting members.

What best describes your organization? In this section, you are being asked to indicate all the sectors/constituencies/disciplines that are applicable to the applicant organization by checking the boxes. Check all that apply. If there is an area, activity or sector not included in the list, please include note it under "Other".

Where does the applicant organization serve? This question aims at identifying the service area for the organization. Please check all the counties in which the organization operates or serves. 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 your organization understands 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@hsncfl.org.

Office Use Only: