2016 BREVARD HOMELESS COALITION
MEMBERSHIP APPLICATION

Organization _____ _____

Primary Contact _____ Title _____

Address 1_____ Address 2_____

City _____State_____Zip_____

Phone _____Alternate Phone _____Cell Phone_____

Fax_____Email_____Website_____

Alternate Contact 1_____ _____Title _____

Address1_____ Address 2_____

City _____ State _____ Zip _____

Phone _____Alternate Phone_____Cell Phone _____

Fax _____Email_____

Alternate Contact 2/ _____ Title _____

Address1_ _____Address 2 _____

City _____ State_____Zip _____

Phone _____ Alternate Phone _____Cell Phone _____

Fax _____ Email_____

Please check appropriate organization category below:

- ☐ State/Local Government Agency*(including school system, public housing agencies, and law enforcement)*
- ☐ Non-Profit Organization
- ☐ Business
- ☐ Individual Homeless Advocate
- ☐ Faith-Based Organization
- ☐ Advocacy Group
- ☐ Homeless Person

I would like to participate on the following BHC committee (Check all that applies):

- ☐ BHC Providers (General Meeting)
- ☐ BHC Planning Committee
- ☐ BHC Finance Committee
- ☐ BHC HMIS Steering Committee
- ☐ Children in Transition Committee
- ☐ Coordinated Assessment Committee
- ☐ Emergency Shelter Network
- ☐ HMIS Users Meeting
- ☐ Performance Measures Committee
- ☐ Re-Entry Task Force
  (Active probation? ___Yes ___No)

Please return to Keith Heinly via fax at 321-631-2007 or email at kheinly@uwbrevard.org.