



DURHAM OPENING DOORS
HOMELESS PREVENTION & SERVICES

Durham City and County Continuum of Care

Currently or Formerly Homeless

Individual Membership Agreement

Return to Community Development Staff

Date:
____ I am not currently or formerly employed by an organizational CoC member. <i>Please initial.</i>
Member Type: <input type="checkbox"/> New Member <input type="checkbox"/> Annual Update
Member Name:
Street Address: _____
City: _____ State: _____ Zip: _____
E-mail:
Phone:
Do we have permission to list you as a member of the Durham City and County Continuum of Care on public materials and websites? <input type="checkbox"/> Yes <input type="checkbox"/> No
I agree with and support the goals of Durham's Continuum of Care which are: <ol style="list-style-type: none">1. End Chronic Homelessness2. End Veterans Homelessness3. End homelessness among families, youth, and children4. Set a path to end all homelessness



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Requirements for Membership

__ I agree to attend at least one (1) semi-annual meeting of the Durham City and County Continuum of Care *Please initial.*

__ I agree to attend a CoC orientation within six (6) months of signing this form. *Please initial.*

Benefits of Membership

- Opportunity to contribute via service on a workgroup or on an HSAC Standing Committee as a CoC Liaison.
- Opportunity to participate in trainings provided by the CoC.
- Eligible to participate in CoC meetings and vote per CoC Governance Charter

Signature:

Date: