



CONTINUUM of CARE MEMBERSHIP APPLICATION

Name of Organization or Individual	
Street Address	
City, State, Zip Code	
Contact E-mail	
Contact Telephone	
Type of Membership Request	<input type="checkbox"/> Individual <input type="checkbox"/> Organizational <input type="checkbox"/> Non-Voting
Name of Executive Director	
<i>Note: Up to 3 REPRESENTATIVES FOR ORGANIZATIONAL MEMBERSHIPS MAY BE LISTED ON PAGE 2.</i>	
MEMBER AFFILIATIONS	
Is this individual affiliated with one or more organizational member agency of the CoC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. If Yes, Identify Organization(s) and relationship(s) below:	
<u>Name of Organization #1:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<u>Name of Organization #2:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<u>Name of Organization #3:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
Organization Profile	
Type of organization: <input type="checkbox"/> Public <input type="checkbox"/> Private For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Foundation or Philanthropy <input type="checkbox"/> Other: _____	
Size of Organization: <input type="checkbox"/> 0 – 25 employees <input type="checkbox"/> 26--50 employees <input type="checkbox"/> 51- 250 Employees <input type="checkbox"/> Over 250 employees <input type="checkbox"/> Over 500 employees	
Primary service or business of organization: _____	
CoC Membership Requirements	
<input checked="" type="checkbox"/> Membership in the CoC requires the following commitments: <input checked="" type="checkbox"/> Commit to the CoC Mission <input checked="" type="checkbox"/> Agree to participate in the work of the CoC as evidenced by regular participation in meetings or subgroups. <input checked="" type="checkbox"/> Abide by the Conflict Of Interest and Code of Conduct policies.	
Applicant Acknowledgement: (initial each)	
_____ By submitting this application, I am committing to basic membership requirements identified above.	
_____ I acknowledge the requirements above and commit to the basic requirements, except I request a waiver of the annual fee for the following reason: _____	
Applicant Signature of Individual or Authorized Organizational Representative.	
Date of Application	



For ORGANIZATIONAL MEMBERSHIP, Up to three (3) persons may represent the organization each year.

The following persons have been selected to represent the organizational member listed on page 1.	
<u>Name of Representative #1:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<u>Name of Representative #2:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	
<u>Name of Representative #3:</u>	
This person is a(n): <input type="checkbox"/> Board member <input type="checkbox"/> Contractor <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____	

DO NOT WRITE BELOW THIS LINE – CoC STAFF PROCESSING ONLY	
Date of Action: _____ Initials of CoC Staff processing application: _____	<input type="checkbox"/> Application accepted as individual member <input type="checkbox"/> Application accepted as organizational member <input type="checkbox"/> Application accepted as a non-voting member <input type="checkbox"/> Application requires further review Notes: _____
Member added to: Date: _____	<input type="checkbox"/> CoC Roster <input type="checkbox"/> Attendance sheet(s) <input type="checkbox"/> Email distribution group(s)
Member provided access to electronic copies of: Date: _____	<input type="checkbox"/> Code of Conduct <input type="checkbox"/> Conflict of Interest Policies <input type="checkbox"/> CoC Operations Manual <input type="checkbox"/> Governance Charter and By Laws <input type="checkbox"/> Current Board Roster <input type="checkbox"/> Current Committee Rosters

Submit form to:
Ventura County Continuum of Care Alliance
County of Ventura, County Executive Office – Community Development
Hall of Administration L#1940
800 South Victoria Avenue
Ventura, CA. 93009

ATTN: Tara: CoC Membership