



APPLICATION FOR MEMBERSHIP

Agency/Organization: _____

Name and Title of Representative: _____

Name and Title of Alternate 1: _____

Name and Title of Alternate 2: _____

Mailing Address: _____

Email (Representative): _____

Email: (Alternate 1): _____

Email: (Alternate 2): _____

Telephone: _____ Fax: _____

Please check the category that most closely describes you or your appointee:

_____ Agency or organization in Guam that provides or facilitates housing and/or services to the homeless individuals and homeless families.

_____ At-large member who represents the communities of Guam affected by homelessness and committed to the mission and vision of the Guam Homeless Coalition and committed to finding solutions to end homelessness.

_____ **Business Community**

_____ **Charitable Organizations**

_____ **Academia**

_____ **Faith-Based Organization**

_____ **Concerned Citizen**

_____ **Homeless Advocate**

_____ Former homeless (a person who in the past received homeless assistance, housing and/or supportive services)

_____ Homeless person (a person who is currently receiving homeless assistance (housing, and/or supportive services)

Currently residing in a Homeless Shelter: _____ No _____ Yes – specify: _____

****NOTE:** Homeless persons residing in homeless shelter must list the homeless programs in which they participate.

Why do you or your organization want to become a member of the Guam Homeless Coalition?

Name & Title of Supervisor or Appointing Authority

Signature and Date