



DURHAM OPENING DOORS HOMELESS PREVENTION & SERVICES

Durham City and County Continuum of Care Membership Agreement

Date:	
Representation: <input type="checkbox"/> Individual Member <input type="checkbox"/> Organizational Member	
Member Type: <input type="checkbox"/> New Member <input type="checkbox"/> Annual Update	
Member Name:	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Website:	E-mail:
Phone:	
Organization Name:	
Organization Type: <input type="checkbox"/> Governmental <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private Business <input type="checkbox"/> Faith Based <input type="checkbox"/> Educational <input type="checkbox"/> Healthcare <input type="checkbox"/> Law Enforcement	
Does your organization serve people experiencing homelessness or a serious housing crisis as part of its core mission? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do we have permission to list you/your organization 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 and/or my organization agree with and support the goals of Durham's Continuum of Care which are: <ol style="list-style-type: none">1. End Chronic Homelessness by 20152. End Veterans Homelessness by 20153. End homelessness among families, youth, and children by 20204. Set a path to end all homelessness	
Signature:	Date:



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Requirements for Membership

- Commit to attend semi-annual meetings of the Durham City and County Continuum of Care
- Join and Participate in at least one subcommittee of the Homeless Services Advisory Board (Decision making board for Durham CoC)

Benefits of Membership

- Listed on Durham CoC Website
- Opportunity to contribute via service on a subcommittee
- Eligible to Vote per CoC Governance Charter
- Notice of and eligibility to participate in CoC funding applications (government and non-profits)
- Participation in collaborative funding opportunities

Please indicate which of the following subcommittee(s) you would like to serve?

<input type="checkbox"/> Housing	<input type="checkbox"/> Income
<input type="checkbox"/> Performance Management	<input type="checkbox"/> Youth
<input type="checkbox"/> Structure	<input type="checkbox"/> Access to Care