



Homeless Prevention Coalition of Guilford County Membership Form

PLEASE CHOOSE ONE:	Membership Info Update: <input type="checkbox"/>	O	R	New Membership: <input type="checkbox"/>
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Date:		Type of Program:	
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(Examples: Transitional Housing, Emergency Shelter, Emergency Assistance)

Agency Name:	
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Street Address:			
City:		Zip:	

Mailing Address:			
City:		Zip:	

Phone:		Fax:	
Email Address:			
Web Address:			

501(c)3:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Governmental Entity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Faith Based:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Executive Director's Name:			
Phone:		Email:	
Who is authorized to vote in the Homeless Coalition on behalf of your agency?			
Primary:			
Alternate #1:			
Alternate #2:			

Case Manager's Name:			
Phone:		Email:	

Population(s) Served:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Adolescents
<input type="checkbox"/> Families	<input type="checkbox"/> Women w/children	<input type="checkbox"/> Veterans	<input type="checkbox"/> Pregnant Women
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Homeless	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Dually Diagnosed	<input type="checkbox"/> Disabled	
<input type="checkbox"/> Other (specify):			

Please give a brief description of program:			
Admission/Eligibility Criteria:			
Referral Process:			
Admission Contact Person:			
Phone:		Email:	

Hours of Operation:	
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Additional Information:

The Following Information will <u>NOT</u> Appear on the Printed Directory of Agencies
1. Types of funding that your agency already receives (i.e. - operational, support services, construction/rehab):
2. Please list sources of funding that you currently receive (i.e. – united way, community foundation, HUD):
3. What types of funding are you currently seeking for your agency (new programs, funds for program expansion – please specify):
What special skills or talents are you willing to share with the group or in mentoring a new organization?

Would you be willing to Host/Mentor a new organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Membership Dues:		
Agencies and Organizations	\$25.00	Yearly
Individuals	\$10.00	Yearly

Join HPCGC: Mail this completed form, along with a check* payable to “HPCGC” to:

HPCGC, Attn: Travis Compton, P O Box 4933, Greensboro, NC 27404

**if applicable*