

**HOMELESS & HUNGER COALITION OF NW FLORIDA
MEMBERSHIP REGISTRATION FORM**

DATE: _____

1. Name and Title: _____

2. Name of Organization: _____

3. Address of Organization: _____

4. Email Address _____

5. Phone Number: _____

6. Fax Number: _____

7. What type of organization do you represent? (Check only one box.)

- Non-Profit Organization/Social Services Organization**
- Local and State Government**
- Private Sector**
- Church/Faith Based Organization**
- Other:** _____

8. What is the (ONE) most *unmet need* of homeless in our 6-county area?

Unemployment

Housing

Transportation

Medical

Other: _____

9. What one thing would you like to see the Homeless Coalition address this year?

10. Suggestions about Coalition Meetings/Agenda Items/ Direction Coalition

11. Please indicate sub-Committees you would serve on

_____ **Strategic Planning**

_____ **HMIS**

_____ **Membership**

_____ **Public Relations**

_____ **Funding**

_____ **Finance**

_____ **Administrative and Legal**

_____ **Other (please indicate)** _____

Thank you for participating in this survey.

Homeless & Hunger Coalition Board