



CHESAPEAKE COALITION FOR THE HOMELESS

2009 General Membership Application

1. Name			
2. Address (Home or Business)			
3. City/State/Zip			
4. Home Phone	_____	6. Fax Number	_____
5. Work Phone	_____	7. Cell Number	_____
8. Email address			
9. Membership requested	Organization <input type="checkbox"/>	Individual <input type="checkbox"/>	
10. Are you currently or formerly homeless?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Why are you interested in the Coalition?			
12. Areas of expertise/contributions you believe you can contribute to the Coalition			
13. Prior Board Experience			
14. Have you served as an officer on a board? Yes <input type="checkbox"/>	No <input type="checkbox"/>		
What Office?	When?		
15. Would you be willing to serve on the Board of Directors of the Coalition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
16. On which of the following committees would you prefer serving?	<input type="checkbox"/> Operations Committee is responsible for ongoing oversight of all standing and Ad Hoc Committees. <input type="checkbox"/> Ad Hoc Committees may be created as deemed necessary by the membership for a length of time to be determined by the membership. Examples of Ad Hoc Committees include: Project Homeless Connect Committee, Point-in-Time Count Committee, Nominating Committee, HMIS Committee, Continuum of Care Planning, etc.		
17. Are you prepared to devote 3-5 hours a month for Coalition responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. Membership Dues: \$25.00 (per year) – due at time of application. Dues must be paid by check or money order payable to: The Planning Council. Please mail payment and application to: The Planning Council, 130 W. Plume Street, Norfolk, VA 23510			
19. Signature of applicant:			20. Date:

Return Payment and Application to:

**The Planning Council
130 W. Plume Street
Norfolk, VA 23510**

The Planning Council will forward a copy of your membership application within 5 business days to the Office of Housing to update the CCH Membership Database, sign-in-sheets, and e-mail listings.

FOR CCH SECRETARY USE ONLY

Committee(s) recommended by the board for the applicant

Membership packet mailed? Yes No

Date Mailed: _____

CCH Secretary entered membership information in:

Access Database: Yes No Dates _____

GroupWise: Yes No Dates _____

Sign In Mtg Sheet: Yes No Dates _____