

Imperial Valley Continuum of Care Council Membership Application

Interested organizations and individuals can join the Imperial Valley Continuum of Care Council (IVCCC) by attending a regularly scheduled meeting, completing an application and committing to participate in the work of the IVCCC to achieve stated purposes and goals. A revised application must be submitted to the IVCCC any time there is a change to the contact information or the representatives listed in the application.

MEMBERSHIP APPLICATION

Name of Organization or Individual	
Street Address	
City, State, Zip Code	
Contact E-mail address	
Contact Telephone number	
Type of Membership Request	<input type="checkbox"/> Individual <input type="checkbox"/> Organization
Name of Executive Director	

Organizational Membership
 Up to three (3) persons may represent the organization each year. Per IVCCC Governance Charter, members commit to participate in the work of the IVCCC, i.e., Committees, attend meetings, and ratify Governance Board Members roster.

The following persons will represent the Organization listed above:

Name of Representative #1 _____ Email: _____

This person is a(n): Board Member Contractor Employee Volunteer Other _____

Name of Representative #2 _____ Email: _____

This person is a(n): Board Member Contractor Employee Volunteer Other _____

Name of Representative #3 _____ Email: _____

This person is a(n): Board Member Contractor Employee Volunteer Other _____

Organization Profile
 Type of Organization: Public Private for Profit Not for Profit Foundation or Philanthropy
 Other _____

Size of Organization: 0-25 Employees 26-50 51-250 Over 250 Over 500 Primary
 service or business of organization: _____

Individual Membership

Per IVCCC Governance Charter, members commit to participate in the work of the IVCCC, i.e., Committees, attend meetings, and ratify Governance Board Members roster.

Is the Individual listed above affiliated with one or more organizational member agencies of CoC?

Yes No Unknown If yes, identify Organization(s) and Relationship(s) below:

Name of Organization #1 _____

Individual is a(n): Board Member Contractor Employee Volunteer Other _____

Name of Organization #2 _____

Individual is a(n): Board Member Contractor Employee Volunteer Other _____

IVCCC members obtain and retain voting privileges through attendance and participation in accordance with established policies. CoC Membership Requirements:

- √ Commitment to the CoC Mission
- √ Agree to participate in the work of the CoC as evidenced by regular participation in annual, quarterly, or monthly meetings as scheduled
- √ Voluntarily Participate on Advisory Committees
- √ Abide by the Conflict of Interest and Code of Conduct policies
- √ Review and approve Governance Charter and amendments at least annually
- √ Ratify full Governance Board Members annually
- √ Elect Full Membership Liaison Representatives from the Board
- √ Approve & receive annual meeting calendar

Applicant Acknowledgement: (initials)

_____ By submitting this application, I am committing to basic membership requirements identified above.

Applicant Signature of Individual or

Authorized Organizational Representative: _____

Date of application: _____

DO NOT WRITE BELOW THIS LINE – CoC STAFF PROCESSING ONLY

Member added to:

CoC Membership Roster

Date:

E-mail Distribution Group

Member Provided IVCCC Website:

www.imperialvalleycontinuumofcare.org for

Access to IVCCC electronic information to:

IVCCC Governance Charter

IVCCC Meeting schedule

IVCCC Announcements

Date: