



P.O. Box 3241, Hagatna , Guam 96932

APPLICATION FOR MEMBERSHIP

Agency/Organization: _____

Name and Title of Representative: _____

Name and Title of Alternate 1: _____

Name and Title of Alternate 2: _____

Mailing Address: _____

Email (Representative): _____

Email: (Alternate 1): _____

Email: (Alternate 2): _____

Telephone: _____ Fax: _____

Please check the category that most closely describes you or your appointee:

_____ Agency or organization in Guam that provides or facilitates housing and/or services to the homeless individuals and homeless families.

_____ At-large member who represents the communities of Guam affected by homelessness and committed to the mission and vision of the Guam Homeless Coalition and committed to finding solutions to end homelessness.

_____ Business Community

_____ Charitable Organizations

_____ Academia

_____ Faith-Based Organization

_____ Concerned Citizen

_____ Homeless Advocate

_____ Former homeless (a person who in the past received homeless assistance, housing and/or supportive services)

_____ Homeless person (a person who is currently receiving homeless assistance (housing, and/or supportive services)

- *Homeless persons residing in homeless shelter must list the homeless programs in which they participate.*

