



Virginia Balance of State Continuum of Care Local Planning Group for the Counties of Culpeper, Madison, Rappahannock, Orange, and Fauquier

Foothills Housing Network Member Registration

Registration for a: Voting Member Non-Voting Member

Organization: _____

Organization Type: Non-Profit For-Profit Company Government

Director: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Member Organization agrees to:

- ➡ Have voting representation attend at least 80% of the meetings per program year.
- ➡ Designate a voting member and alternate(s) (if desired) for each meeting who is able to make decisions on behalf of your organization.
- ➡ Accept the structure of the FHN and work within the By-Laws.
- ➡ Make decisions at the time of a vote on behalf of the agency they represent.

Organization's CoC Membership Primary Name: _____

Email: _____ Phone: _____

Alternate Name: _____

Email: _____ Phone: _____

CONFIDENTIALITY AGREEMENT: By signing below, I and members of the organization's staff who participate in meetings agree to adhere to the Foothills Housing Network's Confidentiality policy as defined in the By-Laws. This policy includes avoiding the intentional or inadvertent disclosure of confidential information regarding clients and member agencies gained through our direct or indirect involvement with FHN.

Director's Name: _____

Signature: _____ Date: _____

*Registration forms will need to be submitted annually in July, or as changes in staff necessitates.