



Foothills Housing Network Membership Form

(For individuals not associated with an organization)

Name: _____

Address: _____

Phone # _____ Email: _____

Please describe your experience in homeless needs and/or services:

Please describe your interest in homeless needs and services:

Have you ever been a consumer of homeless services?

_____ Yes _____ No

If yes, please explain:

Have you ever been directly involved in providing homeless services?

_____ Yes _____ No

If yes, please explain:

Will you participate in the annual Point-In-Time Homeless Census held in January?

_____ Yes _____ No

By signing below, the prospective member acknowledges that he or she has read and understands the responsibilities set forth in the **FHN Policies and Procedures**.

Signature: _____ Date: _____