



**H O M E L E S S
LEADERSHIP
COALITION**

Name:Click or tap here to enter text.

Email: Click or tap here to enter text.

Organization or Affiliation: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address:Click or tap here to enter text.

Website/Social Media: Click or tap here to enter text.

Alternate contact: Click or tap here to enter text.

Please complete and return this form to info@cohomeless.org

I am a person with lived experience of homelessness

I represent an organization with a financial hardship In exchange for the dues waiver we agree to participate in at least one committee regularly. Name committee:Click or tap here to enter text.

I represent a culturally specific organization or an organization serving or supporting those who have been historically impacted by systems of oppression. Please identify or describe the community your organization supports:Click or tap here to enter text.

Other Please Describe:Click or tap here to enter text.