

CoC Membership Application Updates Form

The purpose of this form is to update any information that has changed since you submitted your organization's Continuum of Care membership application and to ensure that we maintain the most recent agency contact information.

Name of your organization: _____

Mailing address: _____

If your mailing address is outside of Mecklenburg County, please describe the work you do in Mecklenburg County: _____

When we want to reach you about CoC issues, who should we contact at your organization?

Contact email address: _____

Contact phone number: _____

Voting: All member organizations have one vote at CoC membership meetings. Please tell us who will be the designated voter for your organization: _____

Please designate an alternate: _____

Printed name of Director or CEO

Signature of Director or CEO

please email completed form to CharMeckCoC@mecknc.gov

Our Vision: Homelessness is rare, brief and non-recurring in the Charlotte-Mecklenburg Community. Everyone has housing choices and prompt access to a variety of housing resources and supports that meet their needs.