

YOLO COUNTY HOMELESS AND POVERTY ACTION COALITION

Membership Application

Agency	y/Government Entity Information		
☐ New Agency/Government Entity ☐ Ag	gency/Government Entity Update		
Agency/Government Entity Name	Agency/Government Entity Type	Agency/Government Entity Type	
Street Address	Apartment/Unit #		
City	State ZIP Code		
Agency	y/Government Entity Description		
Please share your agency/government en entity's interest in homelessness and pove	tity's mission and/or a brief description about your agency/gove erty in Yolo County.	ernment	
Authorize	d Voting Representatives (Optional)		
	rights, please list up to two (2) representatives in order of seniority government entity. Please note that per HPAC's Governance Chaves ves one vote.		
Primary Designee:	Title:		
Email:	Phone:		
Secondary Designee:	Title:		
Email:	Phone:		
	YES NO		
Can HPAC add the email(s) listed above to t			
	Certification and Signature		
	that my agency/government entity meets the eligibility requirent myself and/or the authorized representative(s) specified above that on one (1) subcommittee each year.		
Signature:	Date:		