



Ocala/Marion County Joint Office on Homelessness

A Continuum of Care Partnership
mcfloc.org



2023 Membership Application

Name:

Organization:

Address:

Telephone No:

Alt. Telephone No:

Email: _

Back-up Representative Name:

Have you personally ever experienced homelessness? Yes No

Are you a veteran? Yes No

Are you interested in participating on committees or work groups? If so, indicate below:

CoC Planning

Rank and Review

Point-in-Time Homeless Count

HMIS/Data

Coordinated Entry/ By Name

Governance Charter Committee

Signature: _____ **Date signed:** _____