

**APPLICATION FOR MEMBERSHIP
POVERTY AND HOMELESSNESS ACTION TEAM – CENTRAL OKANAGAN
(PHAT CO)**

DATE:

TYPE OF MEMBERSHIP:

- Full: Voting privileges (one vote per agency / organization / community member). Please note that full members are required to attend all scheduled PHAT-CO meetings or send their alternative.**

- Associate: Non-voting member (may include agencies / organizations / community members who wish to be kept informed of PHAT-CO activities, but do not regularly attend meetings). Please note that associate members are not required to attend all PHAT-CO meetings.**

NAME OF AGENCY/ORGANIZATION/COMMUNITY MEMBER:

MISSION OF AGENCY/ORGANIZATION/COMMUNITY MEMBER:

REASON FOR SEEKING MEMBERSHIP ON PHAT CO:

PLEASE ASSIGN A PRIMARY AND AN ALTERNATE MEMBER FOR YOUR AGENCY / ORGANIZATION / COMMUNITY MEMBER:

NAME OF *PRIMARY* MEMBER:

CONTACT INFORMATION:

MAIL:

PHONE :

Mobile:

FAX:

E-MAIL:

NAME OF *ALTERNATE* MEMBER:

CONTACT INFORMATION:

MAIL:

PHONE:

Mobile:

FAX:

E-MAIL: