Exhibit A OR-505 BOS CoC/Rural Oregon Continuum of Care (ROCC) 2021 Membership Application

Membership Type:	Non-Grantee Organization	Grantee Organization
Region:		
	urry, Josephine, and Douglas Cour	nties
	n, Lake, Harney, and Malheur Cou	
Region 3: Baker, U	Jnion, Wallowa, and Grant Counti	es
		heeler, Morrow, and Umatilla Counties
	ia, Clatsop, Yamhill, and Tillamoo	
	Benton, and Linn Counties	
Please check one of the	following:	
Homeless or form	erly homeless	
Community meml		
Direct Ser	vice, i.e. housing, supportive servi	ces
	, i.e. political, peer-to-peer	
Funder, i.e	e. small donor, business member, for	oundation
Landlord/p		
Name of Individual or C	Organization:	
Address:		
Phone:	Email:	
Contact person (if organ	nization):	
Please check one of the f	following:	
Non-profit	2	
For-profit		
Governmen	nt	
Other: Plea		
Are you interested in se	rving on the Board of Directors (or a Workgroup?
Board of Di	•	w ·· · ·
		E implementation; policy recommendations
		nance/evaluation/strategic planning
		ng veteran homelessness; by-name lists, housing
		group: supporting RHY work; engaging partners
Youth Action		1 11 <i>C</i> , , , , , , , , , , , , , , , , , , ,
		mation-sharing/gathering for strategic planning