|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AGENCY/ORGANIZATION VOTING MEMBER REPRESENTATIVE(S) UPDATE FORM** | | | | | | | |
| **Agency/Organization would like to add the following representative:** | | | | | | | |
| Name: | | | | | | | |
| Name of Agency/Organization: | | | | | | | |
| Position Title: | | | | | | | |
| Address: | | | | | | | |
| City: | | | State: | | | | Zip Code: |
| E-mail: | | | | Phone: | | | |
| Check one of the boxes below to indicate the role of the new representative: | | | | | | | |
| First Representative | | | | Second Representative | | | |
| **Agency/Organization would like to remove the following representative:** | | | | | | | |
| Name: | | | | | | | |
| Position Title: | | | | | | | |
| E-mail: | | | | Phone: | | | |
| **CEO/EXECUTIVE DIRECTOR CONTACT INFORMATION** | | | | | | | |
| Name: | | | | | | | |
| Position Title: | | | | | | | |
| E-mail | | | | Phone: | | | |
| **INDICATE WHICH COMMITTEE(S) THE REPRESENTATIVE(S) PLAN TO PARTICIPATE IN** | | | | | | | |
| Mark an ‘X’ in the box to the far left of the committee name indicating the 1st representative’s participation and an ‘X’ to the immediate left of the committee name indicating the 2nd representative’s participation. | | | | | | | |
|  |  | Data | |  |  | Development and Communications | |
|  |  | Performance Evaluation | |  |  | Housing Resource | |
|  |  | Coordinated Access Model (CAM) Governance | |  |  |  | |
| **SIGNATURES** | | | | | | | |
| As an Agency/Organization Voting Member representative, by signing this I commit to fulfilling the CoC membership responsibilities described above and adhere to CoC Voting Member guidelines established in the Detroit CoC Governance Charter. | | | | | | | |
|  | | | |  | | | |
| Signature Representative Listed | | | | Date | | | |
| By signing this, I am confirming that the agency/organization’s representative(s) indeed represents our agency/organization and that as an agency/organization we commit to working with the Detroit CoC to prevent and end homelessness in our community. | | | | | | | |
|  | | | |  | | | |
| Signature of CEO/Executive Director | | | | Date | | | |