

SCENECTADY COUNTY HOMELESS SERVICES PLANNING BOARD

ANNUAL MEMBERSHIP RENEWAL FORM

I, _____, as a current member of the Schenectady County Homeless Services Planning Board hereby indicate my desire to renew my membership in the Schenectady County Homeless Services Planning Board. No changes have occurred with respect to my membership and voting status, populations served and services provided.

Member Signature

Date: _____

Member Name (Printed)

Phone # and email _____