



RESIDENT MEMBERSHIP APPLICATION

Yes, I'd like to become a member of the SouthWest Denver Coalition.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Profession: _____

Are you interested in being a Board Member of the SouthWest Denver Coalition (SWDC)?

Yes: _____ No: _____

How will you participate as a SWDC Member?

Attend Monthly Meetings: _____ Volunteer: _____ Committees: _____

Connection to Community: _____ Bring Issues, Suggestions: _____

Suggest Financial Resources: _____ Administrative Support: _____ Other: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____

Resident Signature

Date:

E-mail completed application to swdenvercoalition@gmail.com