



CURRENT LSP-SC MEMBERS MONTHLY MEETING SIGN-IN SHEET

Hosted By: _____ **Meeting Date:** _____

Facilitator: _____ **Location:** _____

First Name	Last Name	Agency	Service Area (Ex: Housing, Youth, Education, Mental Health, Health, Seniors, Community based organization, etc)	Agency Address	Phone	Email	Photo consent
<i>Example: Wanda</i>	<i>Tapia</i>	<i>Latino Service Providers</i>	<i>Community Based Organization</i>	<i>930 Shiloh Rd., Bldg. 44 Ste. D, Windsor, CA 95492</i>	<i>(707) 837-9577</i>	<i>wtapia@latinoserviceproviders.org</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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