



NEW LSP-SC MEMBERS

MONTHLY MEETING SIGN-IN SHEET

| | |
|---------------------|----------------------|
| Hosted By: | Meeting Date: |
| Facilitator: | Location: |

| First Name | Last Name | Agency | Service Area <small>(Ex: Housing, Youth, Education, Mental Health, Health, Seniors, Community based organization, etc)</small> | 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 |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

